

Substance Use Disorder SUD-IOP Initial

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Provider/Facility Contact Information

Provider Contact/UR Name* Provider/UR Phone* Provider/UR Email* Provider/UR secure Fax Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**
 Yes No

Participant Information

Participant Phone* Participant Address* Does the participant have a legal guardian?**
 Yes No

Request Details

Level of Care Requested* Is there a valid court order?**
 Yes No

Diagnosis and Medications

Diagnosis (include all current diagnosis)*

Are there medical conditions?**
 Yes No

Is participant pregnant?**
 Yes No

Substances

Primary Substance

Primary Substance Use* Route of Administration* Frequency of Use* Date of last use* Age at First Use* Additional Substances**
 Yes No

Data Capture Required:
 Yes