

Passport by Molina SUD Review Form

Member Name: _____

Member ID: _____ Member DOB: _____

Admission Status: Voluntary Involuntary

Substance Use History: _____

Treatment History: _____

Supporting Clinical Information

1. Acute Intoxication and/or Member Withdrawal Potential (include COWS/CIWA where appropriate/available):

2. Biomedical Conditions and Complications:

3. Emotional, Behavioral or Cognitive Conditions and Complications:

4. Readiness to Change:

5. Relapse, Continued Use, or Continued Problem Potential:

6. Recovery Environment:

7. Medications (include dosage, compliance, date of initiation/change):

8. Anticipated Discharge Date and Plan (include barriers to discharge if identified):
