Passport by Molina SUD Review Form

Member Name:	
Member ID:	Member DOB:
Admission Status: Substance Use Histor	□ Voluntary □ Involuntary
Treatment History:	
Supporting Clinical	
	and/or Member Withdrawal Potential (include COWS/CIWA where
	ions and Complications:
3. Emotional, Behavio	oral 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):	

