## **Passport by Molina SUD Review Form**

Member Name:		
M	ember ID:	Member DOB:
Ac	dmission Status:	🗆 Voluntary 🛛 Involuntary
Sı	ubstance Use Histor	Ϋ́
Tro	eatment History:	
S	upporting Clinical	Information
1.	appropriate/availal	and/or Member Withdrawal Potential (include COWS/CIWA where ble):
2.	Biomedical Condit	ions and Complications:
З.	Emotional, Behavio	oral or Cognitive Conditions and Complications:



4.	Readiness to Change:		
5.	Relapse, Continued Use, or Continued Problem Potential:		
6.	Recovery Environment:		
7.			
8.	Anticipated Discharge Date and Plan (include barriers to discharge if identified):		

