



## SUD 48 HOUR NOTIFICATION and INITIAL TREATMENT PLAN

### Patient Information

Patient Name: \_\_\_\_\_ Provider/Agency Name: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Site Address: \_\_\_\_\_  
 Health Plan: \_\_\_\_\_ Case Manager & Phone #: \_\_\_\_\_  
 Member ID: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Commercial      Medicaid/Essential Tax ID: \_\_\_\_\_  
 Date of Admission: \_\_\_/\_\_\_/\_\_\_ Diagnosis: \_\_\_\_\_

### Detox Initial Treatment Plan

Adhere to OASAS approved detoxification taper/protocol.

- Medication(s) \_\_\_\_\_
- Planned Taper Duration: \_\_\_\_\_
- Initial Discharge Plan
 

To home	Inpatient
Outpatient	Residential
Other: _____	
- Medical Stabilization:
 

Date of Assessment: \_\_\_/\_\_\_/\_\_\_

Med Orders: \_\_\_\_\_
- Psychiatric stabilization:
 

Date of Assessment: \_\_\_/\_\_\_/\_\_\_

Med Orders: \_\_\_\_\_

### Rehab Initial Treatment Plan (check all that apply)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Individual</li> <li>Group</li> <li>Family</li> <li>Skills/Medication to reduce urges/craving</li> <li>Motivational Interviewing to increase internal commitment</li> </ul> | <ul style="list-style-type: none"> <li>Coping skills building to improve emotional regulation, self-soothing</li> <li>Facilitate engagement with others - social skills to support recovery</li> <li>Education about, orientation to, and the opportunity to participate in, relevant selfhelp groups</li> </ul> |
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Assessment and referral services for patients and significant others  
 HIV and AIDS education, risk assessment, and supportive counseling and referral

Date of Medical consultation: \_\_\_/\_\_\_/\_\_\_  
 Date of Psychiatric consultation (as needed): \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_