

VALUE OPTIONS
AUTHORIZATION REQUEST WORK SHEET

Patient Name: _____ Practice Name: _____

ID Number: _____ Date of Birth: _____

DSM Diagnosis:

1. _____

2. _____

3. _____

Medical Diagnosis:

4. _____

5. _____

6. _____

Social Elements Impacting DX: (check all that apply)

- None
- Education
- Financial problems
- Problems with access to healthcare
- Problems related to interaction with legal system/crime
- Problems with primary support group
- Housing problems
- Occupational problems
- Other psychosocial and environmental problems
- Problems related to social environment
- Homelessness
- Unknown

Date Completed: _____

Completed By: _____