

## Confirmation/Initial Assessment/Transition form

Please complete each section legibly and return via:

- Fax to [1-877-276-5036]
- Email to [insert email address]

Member information	Name:	
	Date of birth:	
	Anthem ID No.:	
	Changes to contact information:	

Provider information	Name and type of facility provider group:	Name of clinician who saw member and licensure (include license #):
	Clinician email address:	Clinician phone number:
	Date of discharge:	Diagnosis: diagnosis code:
	Appointment date:	Type of service: billing code:

Support systems in place	If there is no safety plan in place or if this member is not connected to adequate resources, develop and implement a safety plan that includes a crisis plan and can also involve calling our 24/7 NurseLine.

Immediate risk factors	Include information on mental status, adequacy of medication supply, unsafe home environment, jeopardy of not following safety plan or crisis plan, etc.

Barriers/Concerns with after-care access and compliance	
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Recommendations	
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Provider signature \_\_\_\_\_ Date \_\_\_\_\_

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