



Mailing Address:  
 P.O. Box 1309  
 Minneapolis, MN 55440-1309  
 Mailstop 21103M

**Specialty Care Eating Disorders – Initial Authorization Request Form** Date: \_\_\_\_\_

<b>coOpportunityHealth CANNOT accept a completed form via e-mail. Can only accept via fax 952-853-8830 or US mail.</b>		
<b>Requesting Provider Contact</b>		
Name of contact at requesting facility:	Requesting Facility:	Tel#:
Placement facility being requested:	Contact at place	Tel# at Placement facility
<b>Member Information</b>		
Name:	DOB/Age:	Member #:
<b>All treatment history in chronological order</b>		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>Current treatment providers:</b>		
Primary Care:		
Psychotherapist:		
Psychiatrist:		
Program Staff:		
Other:		
<b>Current Diagnosis</b>		
Axis I:		
Axis II:		
Axis III:		
Axis IV:		
Axis V:		
<b>Clinical</b>		
Presenting problem/Current clinical symptoms/Current placement		

CoOpportunity Health has contracted with HealthPartners Administrators, Inc to provide claims processing, medical management and certain other administrative services.

Height:	Weight:	BMI:
Percent of health body weight		
Goal weight range		
Scale:		
Underweight = <18.5		
Normal Weight = 18.5-24.9		
Overweight = 25 – 29.9		
<b>Obesity = 30 or greater</b>		
Medical Complications:		
Electrolyte imbalance		
Temperature		
Dehydration		
IV fluids		
Tube Feedings		
Daily labs needed		
Heart rate		
<b>Blood pressure</b>		
<b>Suicidality:</b>		
<ul style="list-style-type: none"> <li>• No intent or plan</li> <li>• Possible plan but no intent</li> <li>• <b>Intent and plan</b></li> </ul>		
Motivation to recover: (Including cooperativeness, insight, ability to control obsessive thoughts)		
Co-occurring disorders: (substance use, depression, anxiety)		
Structure needed for eating / meeting weight goals:		
Functional Status:		
<ul style="list-style-type: none"> <li>• Impairments</li> <li>• Ability to care for self</li> <li>• Employment and academic status</li> </ul>		
Ability to control compulsive exercise:		
Purging behavior: (including use of laxatives and diuretics)		
Environmental stress, family and living situation and treatment availability in proximity:		
Goals of this placement and how they will be measured:		
Estimated length of stay:		
Discharge plan:		