



HAWAII-WESTERN MANAGEMENT GROUP, INC.
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 HONOLULU, HAWAII 96813

Clinical Information Sheet

This document is optional to accompany the Precertification Request Form.

Name of Patient	Completed by	Date
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DSM IV#	Primary Diagnosis	Date First Diagnosed
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		/ /
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CLINICAL INFORMATION (Reason for Admission)

MEDICATIONS

TREATMENT PLAN (Brief description of plan and how treatment will improve this patient's condition)