

Level 2 Invalidation Interrupted Evaluation

DATE OF REFERRAL
DATE OF INTERRUPTED INVALIDATION
DATE OF BIRTH

INSTRUCTIONS: This form is to be used **only** when a Level 2 Evaluation is terminated (see criteria below).

An Invalidation must be completed and filed in the patient record. If the evaluation is terminated after fifteen minutes or more, (not to exceed 60 minutes) this Interrupted Evaluation form should be completed, attached to a copy of the Invalidation, and submitted to DBHR with an A19 voucher.

NAME: LAST	FIRST	MIDDLE
NURSING FACILITY		
Criteria		
<p>The evaluation was terminated after _____ minutes (use 15 minute increments, not to exceed 60 minutes). Check one of the following:</p> <p><input type="checkbox"/> did <u>not</u> meet the criteria for serious mental illness; or</p> <p><input type="checkbox"/> <u>did</u> meet the criteria for major neurocognitive disorder; or</p> <p><input type="checkbox"/> <u>did</u> meet criteria for severe medical illness.</p>		
Evaluator Information		
SIGNATURE		DATE
PRINT NAME	TITLE	
CONTRACTOR	COUNTY	