Restrictive Measures Utilization Tracking Summary Form

Member Name:	Provider Name:
Reporting Period: Month Year	

RM Utilization Reporting		
Measure Title	**Number of Occurrences**	**Total Minutes Used**

**** Optional ****

Behavior Reporting *Not applicable to Medical RM	
Target Behavior:	**# of Occurrences**
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	