COMMUNICATION DOCUMENT FOR BEHAVIORAL HEALTH SPECIALIST TO PRIMARY CARE PHYSICIAN

FROM: Behavioral Health Specialist: Telephone #:

TO: Primary Care Physician/Address:

RE: Patient Name: Birthdate: Policy Holder's SS#:

CLINICAL INFORMATION

Date(s) of Initial Evaluation or Most Recent Treatment:

Current Symptoms/Complaints:

DSM-IV Descriptive Diagnoses:

Axis I (Primary Psych. Diagnoses):

Axis II (Personality Disorder/MR):

Axis III (Relevant Medical Conditions):

Axis IV (Social/Family Factors):

Treatment Plan Recommended to Patient:

Type:	Frequency:
❑ Individual Therapy	
❑ Family/Couples	
❑ Group Therapy	
❑ Addictions Program/Rehab	
❑ Other:	

Behavioral Health Medications Prescribed:

Type:	Dosage/Frequency:	Date Initiated/Changed

Results of Psychological Testing/Laboratory Orders:

Comments (Patient's response, treatment compliance, patient education, etc):

Behavioral Health Specialist Signature/Title: Date: