

# COMMUNICATION DOCUMENT FOR BEHAVIORAL HEALTH SPECIALIST TO PRIMARY CARE PHYSICIAN

<b>FROM:</b> Behavioral Health Specialist:	Telephone #:
<b>TO:</b> Primary Care Physician/Address:	
<b>RE:</b> Patient Name:	Birthdate: Policy Holder's SS#:

## CLINICAL INFORMATION

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

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Current Symptoms/Complaints: \_\_\_\_\_

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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:**

- Individual Therapy
- Family/Couples
- Group Therapy
- Addictions Program/Rehab
- Other: \_\_\_\_\_

**Frequency:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioral Health Medications Prescribed:

<b>Type:</b>	<b>Dosage/Frequency:</b>	<b>Date Initiated/Changed</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Results of Psychological Testing/Laboratory Orders: \_\_\_\_\_

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

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Behavioral Health Specialist Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_