

Draft

Provider Name & License/Certification Type (Please Print):

Member Name (Please Print):

Member ID #:

Member ID # grid

NPI: grid

Tax ID #: grid

DOB: grid

CPT Codes Requested Numeric Code-Modifier

Medications

Diagnoses Axis I: Axis II:

Diagnoses Axis I and II grids

Diagnoses Axis I and III grids

Diagnoses Axis IV:

Diagnoses Axis IV grid and text

GAF:

GAF grid

CPT:

CPT:

CPT:

CPT:

CPT Codes Requested grid

- Medications list: Anti-depressant, Anti-psychotic, Anti-anxiety, Mood Stabilizer, Sleep Aid, ADHD Medication, Other

Check box if member has been previously hospitalized.

Check box if member is pregnant.

List Medications Below:

Provider Signature:

Date Signed: grid

Table with 5 columns: Functional Impairment Rating Scale (Affective, Anxiety, ADHD Symptoms, Obsessions & Compulsions, Reality Construction & Thought processes, Cognitive, Social, Substance Abuse, Harm to Self or Other, Appetite & Eating, Sleep, Other Medical Conditions) and Current Level of Impairment (None, Moderate, Severe).