



Mandatory Fields: Yellow; FYI Notes: Blue **MHNet** Outpatient Treatment Report** **Provides Notes: Blue** **Provides N

Draft	BEHAVIORAL HEALTH	(Please Prin		nse/cer	CILICACI	OII TYPE	:)
Member Name (Please I	Print):	(110000 1111	, .				
Member ID #:		NPI:					
		Tax ID #:					
	. [CPT Co	des Requ	ostod		Modia	ations
DOB:	/		Code-Mc		Anti	-depres	<u>-</u>
Diagnoses		CPT:			Ant	i-psych	otic
Axis I: Axis	s II: GAF:	CPT:	+			nti-anx	
		CPI	\bot		Mood	Stabil	ızer ∐ Aid □
Axis I: Axis	s III:	CPT:		-	ADHD	Medica	
		oox if member h		_			ther \square
Axis IV:	previou	sly hospitali:	zed.	L	ist Medi	cations	Below:
How many sions hav		oox if member :	is	п –			
had with this member past 12 months?	in the pregnar	ıt.		Ш _			
					/	7 / [
Provider Signature:		Date	Signed:			」′ ∟	
	L IMPAIRMENT RATING SCAL		CUR None	RENT LE	VEL OF I		NT Severe
or impariment in each	Affective						
Depression, mania, mood	instability, inappropriate mod	d	0	0	0	0	0
Panic, worry, anxiety, ea	Anxiety asily startled, flashbacks, ni	ghtmares	0	0	0	0	0
Hyneractivity impulsivit	ADHD Symptoms ty, poor insight, poor judgmer	+	0	0	0	0	0
	ssions & Compulsions nation, excessive need for ord pulses	erliness, hair	0	0	0	0	0
_	truction & Thought proces, disorganized or racing thou		0	0	0	0	0
dissociative states, para		.gee,					
Cognitive impairments du	Cognitive e to organic conditions include	ing brain	0	0	0	0	0

Depression, mania, most instability, inappropriate most					
Anxiety Panic, worry, anxiety, easily startled, flashbacks, nightmares	0	0	0	0	0
ADHD Symptoms Hyperactivity, impulsivity, poor insight, poor judgment	0	0	0	0	0
Obsessions & Compulsions Rituals, fear of contamination, excessive need for orderliness, hair pulling, unacceptable impulses	0	0	0	0	0
Reality Construction & Thought processes Delusions, hallucinations, disorganized or racing thoughts, dissociative states, paranoia	0	0	0	0	0
Cognitive Cognitive impairments due to organic conditions including brain trauma, dementia and mental retardation	0	0	0	0	0
Social Difficulty forming positive relationships, social isolation, anger/aggression, interpersonal problems at work/school	0	0	0	0	0
Substance Abuse Problematic use of drugs or alcohol	0	0	0	0	0
Harm to Self or Other Suicidal ideation, intentionally self injurious behavior, suicide planning, danger to others	0	0	0	0	0
Appetite & Eating Disturbances in appetite, anorexia or bulimia	0	0	0	0	0
Sleep Disturbances in sleep patterns, including excessive sleep	0	0	0	0	0
Other Medical Conditions Presence of medical conditions which have significant impact on patient functioning and/or quality of life	0	0	0	0	0
Fax Completed Forms To: 877-675-7421					

	Fax Comp	leted F	orms	To:	877-6	675-	-742
7 00	Provider	Secure	Fax	#:			

(Required)



