

## Child/Adolescent Services ISPT Meeting Summary

**Member Name:** \_ \_ **MAID #:** \_ \_ **Date:** \_ \_

Member D.O.B.: \_ \_ Age: \_ \_ Meeting Location: \_ \_

This form completed by: \_ \_ Title: \_ \_

**Family Information:**

Who does member reside with? : \_ \_ Relationship to member: \_ \_

Address: \_ \_ City: \_ \_ State: \_ \_ Zip: \_ \_

Phone #: \_ \_

County:  
 Bedford  Blair  Clinton  Cumberland  Dauphin  Franklin  Fulton  Lancaster  Lebanon  Lycoming  Perry  Somerset

Who has physical custody of the member: \_

Does this person have medical rights for the member?  yes  no

If no, who does have medical rights for this member: \_

What is that person's address: \_ \_ City: \_ \_ State \_ \_ Zip: \_ \_

Phone #: \_ \_

Please list anyone residing in the home.

Name	Age	Relationship	M=male F=female	MH Services and Provider Name

**Agency involvement/Education Information: \*\*\*\*\*Please complete POC in full and attach.**

**Medication Information:**

Medication	Prescribing Doctor	Agency



An AmeriHealth Mercy Company

Child/Adolescent Services  
**ISPT Meeting Summary**

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Child/Adolescent Strengths:

Community Support/Natural Support involvement: (boys club, girl scouts, piano lessons, etc.) If none identified, please include a plan for engaging member in natural supports:

Symptoms and Behaviors-Please indicate in which setting observed. (Home/Community/School)

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**CONTINUED: Symptoms and Behaviors-Please indicate in which setting observed. (Home/Community/School)**

**Describe child's Drug and/or Alcohol Use, if applicable.**

**How does this use affect the above symptoms/behaviors?**

**Has member ever accessed MH services through a primary insurance carrier? if so, explain:**

**What days and what time of day will the parents be available to participate in treatment with the child?**

**Follow-up Required/Also document who is responsible for the follow-up activity:**

# CBHNP

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<b>Additional Written Comments/Additions/Clarifications from Meeting Participants: (please include name with statements)</b> <input type="checkbox"/> Team Members decline.