Case number:_____
Name:_____

Provider Treatment Plan Recommendations to Mental Health Board

(Inpatient or Outpatient Provider) Neb. Rev. Stat. § 71-933

Name of Person: _____

☐ Initial ☐ Supplemental

To:
The Mental Health Board of the _____ Judicial District, _____ County, Nebraska

As a qualified mental health professional in compliance with Neb. Rev. Stat. § 71-906, it is my opinion that this person meets diagnostic criteria for the following mental disorders and is in need of treatment as stipulated below:

Diagnosis: _____

☐ **Treatment Plan Attached or**

The least restrictive treatment alternative would be: _____
_____
_____

(Intermediate and long term and projected timelines to achieve goals (specify inpatient versus non-inpatient treatment goals):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

☐ Consumer Signature _____
☐ Refused to Sign

Clinician Signature: _____

Case Number: _____
Name: _____

Progress since the last report: _____
_____
_____
_____
_____
_____

Continuity of Care

☐ The undersigned will **continue** to be the provider of record for this person and will continue to provide care until such time as the care has been transferred to another provider.

Provide reports to Mental Health Board every 90 days for a period of a year and every six months thereafter.

☐ The undersigned has made arrangements to **transfer** the care of this person to:

(Provider Named) _____
(Address) _____(Phone)_____.
The first appointment is scheduled for (Date) _____at (Time)_____.

The undersigned agrees to continue caring for this person until care is initiated with the new provider and the new provider has filed an acceptance of transfer with the Board of Mental Health.

Clinician Name: (print) _____

Title: _____ Phone: _____Fax: _____

Facility: _____

City, State, Zip: _____

Signature: _____Date: _____

Noncompliance with this treatment form requires the administrator or program director to immediately notify State Patrol if AWOL and the clerk of the mental health board of the Judicial District from which the individual is committed.