

BEHAVIORAL HEALTH PARTNERS TREATMENT PLAN Phone: 314-505-6444 or 1-888-505-6444 Fax: 314-505-6311

- Care Partners
 NEW
 ON GOING
 RENEWAL (For CMHC's Only)
 BJC Health Care

PATIENT INFORMATION

Name:		DOB:	M / F	SSN#:
Address:			Phone #:	
Insurance ID #:	Medicaid #:	PCP Referral?:		Yes / No
PCP Name:			Phone #:	

PROVIDER INFORMATION

Requesting Provider Name: _____
 Requesting Provider Phone #: _____
 Requesting Provider Fax #: _____

CLINICAL DIAGNOSIS

Axis I Diagnostic Code #: _____ Axis II Diagnostic Code #: _____
 Axis III: _____
 Axis IV: _____ Axis V: _____ Date of First Appointment: _____

All Current Medications

Current Symptoms / Treatment - including recent hospitalizations (both medical and behavioral health)

Tx Goals/Progress towards established goals

Provider's Signature: _____

SERVICES REQUESTED BY PROVIDER

Service Type	CPT Code	# of Visits Requested	# of Visits Authorized	Service Agency	Contact Person	Phone #

INTERNAL FACILITY AUTHORIZATION FOR TREATMENT PLAN

Approved
 Modified
 Denied
 Pending
 Canceled

Authorization Signature: _____ Date: _____
 Facility Authorization #: _____ Date: _____

Release of Information

Member Agreement and Consent to Release Information: I have read and agree with this treatment plan. I authorize the release of this page of my treatment plan to my Primary Care Provider. This information will be shared with my PCP to coordinate my care and to inform of any medication changes.

Agree _____ Disagree _____ Member/Legal Guardian's Signature _____ Date _____

Note to Recipient: This confidential information has been disclosed to you from records that may be protected by Federal law and regulation dealing with the confidentiality of alcohol and drug abuse patient records, as well as State law dealing with mental illness.

The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains. It is provided to you as the primary care provider for the above named person solely for continuity of care purposes and to inform you of your patient's health status.