

PRIMARY CARE PROVIDER COMMUNICATION FORM

Member name:

Member ID number:

Member date of birth:

Primary provider:

The above patient of yours was recently referred to Access Behavioral Care. We hope that the following information will be helpful in coordinating behavioral and medical care for this patient.

Date of evaluation:

DSM-IV DIAGNOSIS

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

TREATMENT PLAN

Individual therapy

Number of times per week:

Number of times per month:

Family therapy

Number of times per week:

Number of times per month:

Group therapy

Number of times per week:

Number of times per month:

Other:

Medications:

Patient education/instructions:

Additional information:

Therapist:

Phone:

Psychiatrist:

Phone:

For more information, call:

Access Behavioral Care Denver at 303-751-9030 or 1-800-984-9133 (toll free)

Access Behavioral Care Northeast at 970-221-8508 or 1-844-880-8508 (toll free)



coaccess.com
1-800-511-5010