45674

MHNet BEHAVIORAL HEALTH

Outpatient Treatment Report

Provider name and license type (please print):

Member Name (please print):

Alpha prefix | Member ID Number

NPI:

Tax ID #:

DOB: / /

CPT Codes Requested
Numeric code-Modifier

CPT: -

CPT: -

Medications
- Anti-depressant ☐
- Anti-psychotic ☐
- Anti-anxiety ☐
- Mood Stabilizer ☐
- Sleep aid ☐
- ADHD Medication ☐
- Other ☐

List medications below:

Diagnoses

Axis I: .

Axis II: .

GAF:

Axis I: .

Axis III: .

Axis IV:

Check box if member has been previously hospitalized. ☐

Check box if member is pregnant. ☐

Provider Signature: **Date signed:** / /

FUNCTIONAL IMPAIRMENT RATING SCALE Place vertical mark on line to the right of the item to indicate degree of impairment in each domain.	**LEVEL OF IMPAIRMENT** NONE — MODERATE — SEVERE
Affective Depression, mania, mood instability, inappropriate mood	
Anxiety Panic, worry, anxiety, easily startled, flashbacks, nightmares	
ADHD Symptoms Hyperactivity, impulsivity, poor insight, poor judgment	
Obsessions & Compulsions Rituals, fear of contamination, excessive need for orderliness, hair pulling, unacceptable impulses	
Reality construction & thought processes Delusions; hallucinations; disorganized or racing thoughts; dissociative states; paranoia	
Cognitive Cognitive impairments due to organic conditions including brain trauma, dementia & mental retardation	
Social Difficulty forming positive relationships, social isolation, anger/aggression, interpersonal problems at work/school	
Substance Abuse Problematic use of drugs or alcohol	
Harm to self or other Suicidal ideation, intentionally self injurious behavior, suicide planning, danger to others	
Appetite & eating Disturbances in appetite, anorexia or bulimia	
Sleep Disturbances in sleep patterns, including excessive sleep	
Other medical conditions Presence of medical conditions which have significant impact on patient functioning and/or quality of life	

Fax completed forms to: 800 961-1224