



**Carolina Behavioral Health Alliance Treatment Plan Update and Request for Service**

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(Forms available on website)

<b>Enrollee ID #:</b>		<b>Name:</b>							
<b>Provider:</b>		<b>Office Location (city):</b>		<b>Duration of Current Treatment</b>					
				<input type="radio"/> 0-3 months <input type="radio"/> 9-12 month <input type="radio"/> 3-6 months <input type="radio"/> 1-2 years <input type="radio"/> 6-9 months <input type="radio"/> More than 2 years					
<b>Coordination of Care:</b>									
Patient is also seeing: Provider: _____ Phone Number: _____ Fax Number: _____ Signed Release on File (fill if Yes): <input type="radio"/>			Primary Care Physician: _____ Phone Number: _____ Fax Number: _____ Signed Release on File (fill if Yes): <input type="radio"/>						
<b>Axial Assessments:</b>				<b>Axis III: (Please select all that apply)</b>					
<b>Axis I:</b> [ ][ ] . [ ][ ] [ ][ ] . [ ][ ]		<b>Axis II:</b> [ ][ ][ ] . [ ][ ]		<input type="radio"/> Cancer <input type="radio"/> Hypertension <input type="radio"/> Pain <input type="radio"/> Cardiac <input type="radio"/> Diabetes <input type="radio"/> Gastrointestinal <input type="radio"/> Obesity <input type="radio"/> Respiratory Other: _____					
<b>Axis IV:</b> Economic      Occupational      Social      Educational      Legal      Support      Health <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>									
<b>Axis V:</b> GAF at first session: [ ][ ]			GAF at last visit: [ ][ ]		<b>Number of Visits Requested:</b> _____				
Clinical Global Impressions – Severity of Illness Considering your total clinical experience, how mentally ill is this patient at this time?			Extremely ill	Severely ill	Markedly ill	Moderately ill	Mildly ill	Borderline mentally ill	Normal
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Global Impressions – Improvements Rate total improvement since the last report.			Very much worse (-80%)	Much worse (79%-50%)	Minimally worse (49%-20%)	No change (+/- 19%)	Minimally Improved (20%-49%)	Much improved (50%-79%)	Very much improved (80%+)
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My signature attests that all information on this form is correct and valid to the best of my knowledge.