

Date _____

Behavioral Health

Practitioner _____

Address _____

Fax # _____

Dear PCP,

Your patient, _____, is being treated for symptoms of _____.

I/We have recommended the following treatment: _____ (diagnosis)

Individual Therapy

Group Therapy

Pharmacotherapy

Family/Couples Therapy

Psychiatric Evaluation for Medication

No treatment recommended at this time

The following medication(s) have been prescribed:

Medication _____

Dose/frequency _____

No medication at this time

Please feel free to contact me at XXX-XXX-XXXX if you feel there are coordination of care issues that we should discuss.

Sincerely,

Behavioral Health Practitioner



PCP Response:

Diagnosis: _____

Medication _____

Dose/frequency _____

No medication at this time

Is this member being seen by a specialist (include specialist referrals)? If yes, type of specialist:

Any other issues that should be considered in treatment: _____
