

Outpatient Treatment Progress Report

To request further certifications, please fax or mail to: **United Behavioral Health MN-CMC**
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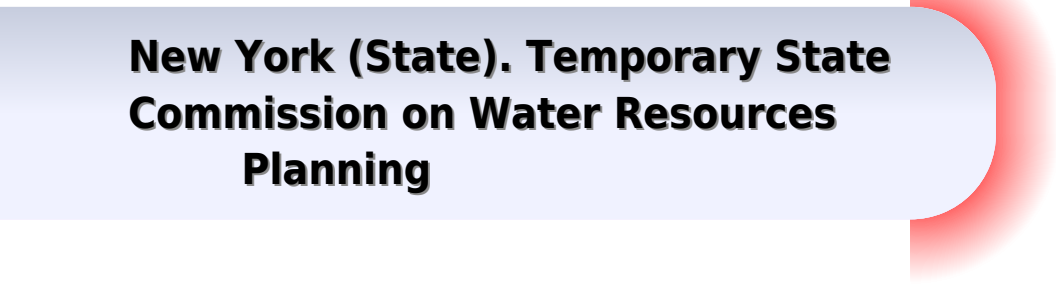
MEMBER INFORMATION		
Member Name*: (First & Last)	Member ID#:	Date of Birth*
Member Address: (City/State): _____ Member Home Phone: _____ Member Work Phone: _____	Prior clearly: _____ Provider Name: _____ Degree: _____ Phone: _____ Address: _____	
Number of Sessions to date: _____ Frequency: _____ Date 1 st Visit _____ Date Last Visit _____ Release of information for UBH signed: <input type="checkbox"/> Yes <input type="checkbox"/> No Release of information for PCP signed: <input type="checkbox"/> Yes <input type="checkbox"/> No ___ TX Plan or Summary sent to patient's PCP ___ Member/ Parent/Guardian refused consent for release to PCP ___ Member states they have no PCP		
<div style="display: flex; justify-content: space-between;"> <div> If Child/Adolescent: Is Family Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Treatment- Episodes in past year: MH: # of times Outpatient _____ Inpatient _____ PHP _____ IOP _____ CD: # of times Outpatient _____ Inpatient _____ PHP _____ IOP _____ Outcome: AMA discharge _____ Completed Treatment/still using: _____ Completed Treatment/Sober _____ Active in CD Support Group? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		
Current Symptoms: Moods: <input type="checkbox"/> Sad, <input type="checkbox"/> Elated, <input type="checkbox"/> Hopeless, <input type="checkbox"/> Low Energy, <input type="checkbox"/> Poor Concentration, <input type="checkbox"/> Angry, <input type="checkbox"/> Appropriate, <input type="checkbox"/> No Problem, <input type="checkbox"/> Other _____ Anxiety: <input type="checkbox"/> Worry, <input type="checkbox"/> Panic, <input type="checkbox"/> Fearfulness, <input type="checkbox"/> Compulsive, <input type="checkbox"/> None, <input type="checkbox"/> Other _____ Thought: <input type="checkbox"/> Delusions, <input type="checkbox"/> Hallucinations, <input type="checkbox"/> Disorganized Speech, <input type="checkbox"/> Obsessive, <input type="checkbox"/> Distractible, <input type="checkbox"/> No Problems <input type="checkbox"/> Other _____ Behavior: <input type="checkbox"/> Aggressive, <input type="checkbox"/> Truant, <input type="checkbox"/> Runaway, <input type="checkbox"/> Disorganized behavior, <input type="checkbox"/> Compulsive, <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____ Sleep Problems, Describe: _____ Appetite Problems, Describe: _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> DIAGNOSES * ICD-10 Use DSM-IV Codes, include all Axis. Axis I - Primary _____ Axis II - _____ Secondary _____ Axis III - _____ Axis IV <input type="checkbox"/> Economic problems <input type="checkbox"/> Problems with accessing health services <input type="checkbox"/> Housing problems <input type="checkbox"/> Problems related to interactions with legal/criminal system <input type="checkbox"/> Occupational problems <input type="checkbox"/> Problems related to social environment/school <input type="checkbox"/> Other psychosocial problems Axis V (GAF) Current _____ Highest in last 12 months _____ Target Problems/ Symptoms: _____ </div> <div style="width: 48%;"> RISK ASSESSMENT <div style="display: flex;"> <div style="flex: 1;"> Suicidality: <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent w/o means <input type="checkbox"/> Intent with means <input type="checkbox"/> Ideation in past yr <input type="checkbox"/> Attempt in past yr <input type="checkbox"/> Family/peer history of completed suicide If risk exists: Client is able to contract not to harm <input type="checkbox"/> Self <input type="checkbox"/> Others </div> <div style="flex: 1;"> Homicidality: <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent w/o means <input type="checkbox"/> Intent with means <input type="checkbox"/> Ideation in past yr <input type="checkbox"/> Attempt in past yr </div> <div style="flex: 1;"> His Substance Abuse/Dependence: Assessed <input type="checkbox"/> Yes <input type="checkbox"/> No Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drugs of choice: _____ <input type="checkbox"/> Current Abuse/Dependence <input type="checkbox"/> By Family/Significant Other Other Risk Factors: <input type="checkbox"/> His Physical/Sexual Abuse <input type="checkbox"/> Child/Elder neglect <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia </div> </div> </div> </div>		
Member has been evaluated for psychiatric meds? <input type="checkbox"/> Yes <input type="checkbox"/> No Prescribing MD: <input type="checkbox"/> Psychiatrist Name: _____ <input type="checkbox"/> PCP Name: _____		
CURRENT MEDICATIONS Include all meds psychiatric and medical		
Drug	Current Dose	Duration
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Progress Update <input checked="" type="checkbox"/> Compliant, Progressing and Improving - Needs more sessions <input type="checkbox"/> Compliant, Progressing and Improving - Plan for discharge When? <input type="checkbox"/> Compliant, Not Progressing or Improving - Needs Mod referral <input type="checkbox"/> Not Compliant, but at risk - How addressed? <input type="checkbox"/> Not Compliant, Needs Referral for other Services/ Therapy </div> <div style="width: 48%;"> If Patient needs referral <input type="checkbox"/> Have you made the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can UBH help you with the referral? <input type="checkbox"/> Would like to consult with a UBH clinician? MSW MA PhD MD </div> </div>		
Expected Outcome and Prognosis <input type="checkbox"/> Return to normal functioning <input type="checkbox"/> Expect improvement, anticipate less than normal functioning <input type="checkbox"/> Relieve acute symptoms, return to baseline functioning <input type="checkbox"/> Maintain current status/prevent deterioration		
Frequency of sessions: _____ Expected LOS: <u>Discrete</u> Modality CPT Code: _____		

Clinician's Signature _____ Date _____

This form is to be used for routine outpatient psychotherapy only

Suffolk County Unified Treatment Progress Report

**New York (State). Temporary State
Commission on Water Resources
Planning**



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Six-year Progress Report New York (State). Temporary State Commission on Water Resources Planning,1965

Progress Report of the Temporary State Commission on Water Resources Planning New York (State). Temporary State Commission on Water Resources Planning,1960 **Progress Report** New York (State). Temporary State Commission on Water Resources Planning,1959 **Design Seminar Handout** Environmental Research Information Center,1979

Progress Report of the New York State Legislative Commission on Water Resource Needs of Long Island New York (State). Legislature. Legislative Commission on Water Resource Needs of Long Island,1982 **Selected Water Resources Abstracts** ,1982 **Laws of the State of New York** New York (State),1980 **Index to Current Urban Documents** ,1988 **Scientific and Technical Aerospace Reports** ,1981 **State of the Judiciary** New York (State). Unified Court System,1999-02-08 **Selected Water Resources Abstracts** ,1982 **Energy Research Abstracts** ,1982 National Directory National Center for the Prevention and Control of Rape (U.S.),1981 Geographical listing of some 700 programs and services Intended for health personnel or concerned laypersons Covers the United States and Canada Each entry gives address telephone number and services available No index **The Hospital** ,1921 Vol 14 41 have separately paged nursing section *Boston Medical and Surgical Journal* ,1887 **The Boston Medical and Surgical Journal** ,1898 Journal of the House of Representatives of the United States United States. Congress. House,1987 Some vols include supplemental journals of such proceedings of the sessions as during the time they were depending were ordered to be kept secret and respecting which the injunction of secrecy was afterwards taken off by the order of the House **Federal Register** ,2001-08 Catalog of Federal Domestic Assistance ,2000 Identifies and describes specific government assistance opportunities such as loans grants counseling and procurement contracts available under many agencies and programs **Long Island Medical Journal** Henry Goodwin Webster,Paul Monroe Pilcher,Frank Overton,Alec Nicol Thomson,1924

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