



Coordination of Care Form

Continuity and coordination between physical and behavioral health is an important aspect in the delivery of quality health care, as behavioral and medical disorders can interact to affect an individual's health

CONFIDENTIAL: REPORT TO PROVIDER		Report Date	
To:	Provider / Center Name		
	Address		
	City, State ZIP		
	Phone	Fax	
From	Provider/Center Name		
	Address		
	City, State ZIP		
	Phone	Fax	
Member Information	ID #		
	Last Name		
	First Name		
	Date of Birth		
Date of Initial Visit		<input type="checkbox"/> Initial Report <input type="checkbox"/> Interim Report <input type="checkbox"/> Termination Report	
Presenting Problem:			
Treatment Plan / Recommendation			
Medications			
Axis I:		Axis II:	
Axis III:		Axis IV:	
Axis V:		ICD-9DX	
Provider Signature		Patient Signature	