



Behavioral Health Services

2404 Forum Blvd • Columbia, MO 65203 • 1-800-889-4073 • Fax: 1-866-543-2385

CONFIDENTIAL: REPORT TO PRIMARY CARE PROVIDER		Report Date	
To:	PCP / Center Name		
	Address		
	City, State ZIP		
	Phone	Fax	

Behavioral Health Information

From	Name		
	Address		
	City, State ZIP		
	Phone	Fax	
	<input type="checkbox"/> Yes , notify the PCP <input type="checkbox"/> No , do not notify the PCP		
Member Information	ID #		
	Last Name		
	First Name		
	Date of Birth		

The above-named patient is currently receiving mental health / substance abuse services.

Date of Initial Visit	<input type="checkbox"/> Initial Report <input type="checkbox"/> Interim Report <input type="checkbox"/> Termination Report
Presenting Program:	
Treatment Plan / Recommendation	
Medications	
Axis I:	Axis II:
Axis III:	Axis IV:
Axis V:	

Provider Signature		Patient Signature	
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This form is considered confidential.