

MRN

BRIEF ID (*name, age, sex, gender*)

REFERRED BY

CHIEF COMPLAINT (*reason for referral, patient's main concern*)

SYMPTOMS OF CONCERN (*diagnostic criteria – mood, affect, sleep, energy, memory, etc.*)

OUTCOME MEASURE SCORES (*do individual items match up with symptoms of concern?*)

SI/HI (*positive Q9? elaborate on nature of SI, along with safety planning and history*)

BEHAVIORAL HEALTH HISTORY AND TREATMENT (*previous episodes, therapy, hospitalizations, effectiveness, relevant family history*)

CURRENT PSYCHOTROPIC MEDICATIONS (*length, dose, efficacy, side effects, compliance*)

PREVIOUS PSYCHOTROPIC MEDICATIONS (*length, dose, efficacy, side effects, compliance*)

SUBSTANCE USE (*current, past*)

MEDICAL CONDITIONS

ALLERGIES

PSYCHOSOCIAL CONCERNS

INITIAL TREATMENT PLAN (*next planned contact, psychoeducation provided, brief interventions, self-management plan, etc.*)

OTHER IMPORTANT DETAILS