# Primary Care → Behavioral Health Services

## Information Sharing Form (Revised 11/2012) To Clinician: _____ @Agency: _____

**Primary Care - Complete this section**

**Date:** _____ _____**Initial Referral** _____**Follow-Up**
**Physician**: _____**Practice:** _____
**Fax:** (____) _____ **Phone:** (_____) _____
**Patient's Name:** _____ **DOB:** _____
**Parent/Guardian Name:** _____ **Phone:** (_____) _____
**Current Medical Diagnoses:**

- _____
- _____

**Current Medications Prescribed:**

- _____
- _____

**Known Allergies:** _____
**Key Exacerbating Factors** *(family history, behavioral triggers, ongoing triggers, life changing events, etc.)*:

- _____
- _____
-

**Provided by Primary Care:**

- ❑ Office visit summary is attached
- ❑ Will initiate/continue medical management
- ❑ Medication management_____
- ❑ Further diagnostic testing _____
- ❑ Lab tests (*freq.*) _____
- ❑ Other _____
- ❑ Carolina Access Referral NPI#

**Needed from Behavioral Health:**

- ❑ Send crisis plan for our records
- ❑ Individual / Group / Family / In-home therapy
- ❑ Clinical Assessment (psychological/ psychosexual/ neuropsych/ substance abuse)
- ❑ Medication management
- ❑ Lab tests (*freq.*)_____
- ❑ Other

**Behavioral Health Services - Complete this section**

### Behavioral Health Services Feedback

❑ **Initial assessment is scheduled for _____. Follow-up will be faxed after patient appointment.**
*Date*

❑ **Patient has NOT been seen for services.**
**Agency**: _____ **Case Manager:**_____
**Fax:** (____) _____ **Phone:** (_____) _____
**Date(s) Patient Seen:** _____
**Current Services to Patient:**

- _____
- _____
- Missing appointments frequently ….0……1……2……3……4……..5….Attending all appointments
- Not benefitting from appointments ..0……1……2……3……4……..5….Highly benefitting

**Current Diagnoses:**

- _____
- _____
- _____

**Current Medications Prescribed:** **Prescriber's Name:**_____

- _____
- _____

**Key exacerbating factors** *(family history, behavioral triggers, ongoing triggers, life changing events, etc.)*:

- _____
- _____
- _____

**Relevant Lab Results:**

-

**Provided by Behavioral Health:**

- ❑ Crisis plan is attached
- ❑ Individual / Group / Family / In-home therapy
- ❑ Clinical assessment (psychological/ psychosexual/ neuropsych/ substance abuse)
- ❑ Medication management _____
- ❑ Lab tests (*frequency*) _____
- ❑ Other

**Needed from Primary Care:**

- ❑ Medication management _____
- ❑ Referrals recommended _____
- ❑ Lab tests (*freq.*) _____
- ❑ Other _____
- ❑ Reinforce benefit of services to patient