Behavioral Health Services → Primary Care

To Physician: _____ @Practice: _____ **Information Sharing Form** (Revised 11/2012)

Behavioral Health Services - Complete this section

Date: _____ _____**Initial Referral** _____**Follow-Up**
Referring Agency: _____**Referring Staff:** _____
Clinician: _____ **Case Manager:** _____
Fax: (____) _____ **Phone:** (_____) _____
Patient Name: _____**DOB:** _____
Parent/Guardian Name: _____ _____**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: **Prescribed by:**_____

- _____
- _____

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*) _____

Needed from Primary Care:

- ❑ No reply needed at this time
- ❑ Medication management _____
- ❑ Referrals recommended _____
- ❑ Lab tests (*freq.*) _____
- ❑ Reinforce service benefits to patient/family
- ❑ Other _____

Primary Care - Complete this section

Primary Care Provider's Feedback

❑ **I am NOT the primary care provider for this patient.** **Date:** _____
Physician: _____**Practice:** _____
Fax: (____) _____ **Phone:** (_____) _____
Recommendations:

- _____
- _____

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:

- ❑ Medication management__ _____
- ❑ Further diagnostic testing _____
- ❑ Lab tests (*freq.*) _____
- ❑ Other _____
- ❑ Carolina Access 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

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