

CCC Follow-Up Interview Note Form

Initials: Last 4*: Date:

LENGTH OF SESSION:

MEDICATION ISSUES:

SESSION CONTENT:
(note key words in space below)

PCP CONSULTATION/INPUT:

OTHER PC-MH TEAM INPUT:

SUMMARY OF FUNCTIONING:

FORMULATION:

DIAGNOSIS/PROCEDURE: (see Health & Behavior CPT code sheet for tips on non-mental health codes)

RECOMMENDATIONS AND PLAN:
Patient will (SMART Goal):

POSITIVE/NEGATIVE FACTORS:

CONSULTS NEEDED/PLACED:

CLINICAL REMINDERS: complete as appropriate

PT. ED HANDOUTS GIVEN:

RTC/SPECIFIC FOLLOW-UP PLAN: