CCC Initial Interview Outline

Initials: **Last 4:** **Date:**

(Assess)

Referral Problem:

Problem hx:

Past tx:

Better/worse:

Other probs:

PHQ-9:
BAI:
PCL:
Other:

Pain (Source)
Today = ___/10
High = ___/10
Low = ___/10
Avg = ___/10

Functional Assessment/Typical Day

Sleep:

Work:

Close relationships:

Family:

Friends:

Recreation:

Physical:

ETOH:

Tobacco:

Drugs:

Caffeine:

Clinical reminders:

Risks (e.g., lethality):

Impression/Diagnosis

Assessment Summary

Share summary and options ***(Advise)***

- Strengths, concerns/needs

Personal Action Plan *(Agree)*

Patient's goals for change:

PCP &/or PC-MH Team Input:

Tx Recommendations: (Pt and PCP) ***(Assist)***

Handouts Given:

Consults/meds:

Follow-Up Arrangements: *(Arrange)*

- RTC:
- Other: