

South Carolina
 Department of Health and Human Services
 P.O. Box 8206
 Columbia, South Carolina 29202-8206

FILL OUT COMPLETELY TO AVOID DELAYS/DENIALS

Client name: _____ Address _____ DOB _____

Medicaid ID # _____ Service Address Location: _____

Licensed Independent Practitioner (LIP) referred to: _____ Ind. NPI #: _____
 FAX _____

Current clinical Information: Make a selection below by circling the appropriate choice on the scale. 0=None 1=Mild 2=Moderate 3=Severe 4=Extreme

| | 0 | 1 | 2 | 3 | 4 | | 0 | 1 | 2 | 3 | 4 | | 0 | 1 | 2 | 3 | 4 |
|--------------------------------|---|---|---|---|---|---------------------|---|---|---|---|---|------------------------------|---|---|---|---|---|
| Aggression | 0 | 1 | 2 | 3 | 4 | Depression | 0 | 1 | 2 | 3 | 4 | Relationship Problems | 0 | 1 | 2 | 3 | 4 |
| Abuse (PTSD) | 0 | 1 | 2 | 3 | 4 | Harm to self | 0 | 1 | 2 | 3 | 4 | Medical Illness | 0 | 1 | 2 | 3 | 4 |
| Anxiety Panic | 0 | 1 | 2 | 3 | 4 | Harm to others | 0 | 1 | 2 | 3 | 4 | Memory deficit | 0 | 1 | 2 | 3 | 4 |
| Appetite Disturbance | 0 | 1 | 2 | 3 | 4 | Hallucinations | 0 | 1 | 2 | 3 | 4 | Sleep disturbance | 0 | 1 | 2 | 3 | 4 |
| Attention/Concentration | 0 | 1 | 2 | 3 | 4 | Impulsivity | 0 | 1 | 2 | 3 | 4 | Substance Abuse | 0 | 1 | 2 | 3 | 4 |
| Deficits in ADLs | 0 | 1 | 2 | 3 | 4 | Job/School Problems | 0 | 1 | 2 | 3 | 4 | Other (note below) | 0 | 1 | 2 | 3 | 4 |
| Delusions | 0 | 1 | 2 | 3 | 4 | Mania | 0 | 1 | 2 | 3 | 4 | Current Stressors | 0 | 1 | 2 | 3 | 4 |

If harm self or others, is there a plan: Yes or No (provide supporting documentation) _____

If other or current stressor listed as a 3 or 4 please list: _____

Psychiatric Hospitalization: Yes No If Yes indicate dates: _____

Treatment/Discharge Planning Goals:

(examples of treatments can include Behavior modification, client centered, CBT, Family Therapy, Interpersonal, Medication Management or Other. If other, please be specific and provide explanation below.)

| DSM IV TR: Diagnosis (es) | Goals | Type of Treatment Interventions (see above) | Outcomes Progress/Anticipated Discharge |
|---------------------------|-------|---|---|
| Axis I | 1. | 1. | 1. |
| Axis II | 2. | 2. | 2. |
| Axis III | 3. | 3. | 3. |

