



Certification Request/Follow-Up Outpatient Behavioral Health Treatment Plan – Confidential

Treatment Plan (Cont.)

On Going Assessment

New Treatment Goals:

Evaluation of Initial Treatment Plan:

Goal	Outcome	Evidenced by

Current Signs & Symptoms (check all that apply. Those not checked will be assumed absent)

- | | | |
|--|---|--|
| <p>Depression</p> <input type="checkbox"/> Depressed Mood
<input type="checkbox"/> Decreasing Energy
<input type="checkbox"/> Hopeless/Helpless
<input type="checkbox"/> Worthless/Guilt
<input type="checkbox"/> Appetite (up/down)
<input type="checkbox"/> Sleep (up/down)
<input type="checkbox"/> Psychomotor Retardation/ agitation | <p>Mania</p> <input type="checkbox"/> Increasing Energy
<input type="checkbox"/> Insomnia
<input type="checkbox"/> Irritability/Expansive Mood
<input type="checkbox"/> Grandiosity/Hyperreligiosity
<input type="checkbox"/> Pressured Speech
<input type="checkbox"/> Racing Thoughts
<input type="checkbox"/> Racing thoughts/flight of ideas | <p>Anxiety</p> <input type="checkbox"/> Generalized
<input type="checkbox"/> Panic/Phobias
<input type="checkbox"/> Obsessions/Compulsions
<input type="checkbox"/> PTSD Symptoms
<input type="checkbox"/> Somatic Complaints |
| <p>Personality Disorder</p> <input type="checkbox"/> Unjustified
<input type="checkbox"/> Emotional detachment
<input type="checkbox"/> Oddness & eccentricities
<input type="checkbox"/> Disregard for law
<input type="checkbox"/> Recurring self-injuries
<input type="checkbox"/> Attention seeking
<input type="checkbox"/> Sense of entitlement
<input type="checkbox"/> Avoidant behavior
<input type="checkbox"/> Dependency
<input type="checkbox"/> Perfectionism
<input type="checkbox"/> Passive Resistance
<input type="checkbox"/> Enduring traits of: | <p>Substance Abuse</p> <input type="checkbox"/> Loss of Control of Dosage
<input type="checkbox"/> Amnesic Episodes
<input type="checkbox"/> Legal Problems
<input type="checkbox"/> Substance Related Medical problems
<input type="checkbox"/> Illicit Drug Use
<input type="checkbox"/> Legal Issues
<p>Psychosis</p> <input type="checkbox"/> Hallucinations
<input type="checkbox"/> Delusions
<input type="checkbox"/> Disorganized Thought
<input type="checkbox"/> Process/Loose Association | <p>Other</p> <input type="checkbox"/> Hyperactivity/ Attention Deficit
<input type="checkbox"/> Conduct Disorder
<input type="checkbox"/> Oppositionalism
<input type="checkbox"/> Bulimia/Anorexia
<input type="checkbox"/> Concomitant/ Medical Problem
<input type="checkbox"/> Dementia
<input type="checkbox"/> Impulsiveness
<input type="checkbox"/> Risk Taking Behavior
<input type="checkbox"/> Separation Problems
<input type="checkbox"/> _____ |

Thank you for completing this form. **Please include any other information you may feel is appropriate on additional paper.**

Return form to:
 HIRSP
 Medical Affairs
 1751 W. Broadway / P.O. Box 8961, Madison, WI 53708-8961
 Phone: (866) 841-6572 Fax: (608) 226-4711

Medications (list all current medications).