VALUEOPTIONS

TRICARE OUTPATIENT TREATMENT REPORT

P.O. Box 551188, Jacksonville, Fl 32255-1188 Fax: **1-866-811-4422**

FILL OUT COMPLETELY TO AVOID DELAYS

IDENTIFYING DATA

Patient's Name:_____ DOB:_____ Sponsor #:_____

PROVIDER INFORMATION

Provider Name:_____ Phone#:(____)_____ Fax#:(____)_____

DSM-IV TR Diagnosis

Axis I - _ _ _._ _ / _ _ _._ _ / _ _ _._ _ Axis II - _ _ _._ _ / _ _ _._ _ Axis III - _____

Date first seen:_____ Date last seen:_____ Anticipated # of sessions to complete treatment:_____

TREATMENT REPORT

Current Clinical Information: (Circle each. Scale 0=None 1=Mild 2=Moderate 3=Severe 4=Extreme)

Aggression	0 1 2 3 4	Impulsivity	0 1 2 3 4
Alcohol /Substance Use	0 1 2 3 4	Job / School Problems	0 1 2 3 4
Anxiety/Panic	0 1 2 3 4	Mania	0 1 2 3 4
Appetite Disturbance	0 1 2 3 4	Medical Illness	0 1 2 3 4
Attention/Concentration	0 1 2 3 4	Memory	0 1 2 3 4
Deficit in ADLs	0 1 2 3 4	Relationship Problems	0 1 2 3 4
Delusions	0 1 2 3 4	Side Effects	0 1 2 3 4
Depression	0 1 2 3 4	Sleep Disturbance	0 1 2 3 4
Hallucinations	0 1 2 3 4	Weight Loss	0 1 2 3 4
		Other _____	

Discharge Goals:

☐ Complete Remission ☐ Significant Improvement ☐ Baseline / Maintenance

Medications: **(Optional for Non-Physicians)**

TYPE OF TREATMENT

☐ Behavior Modification	☐ Gestalt	☐ Reality Therapy
☐ Client Centered	☐ Group Therapy	☐ Relaxation Techniques
☐ Cognitive-Behavioral	☐ Hypnosis	☐ Social Skills Training
☐ Dialectical Behavioral Therapy	☐ Interpersonal	☐ Supportive
☐ Educational	☐ Medication Management	☐ Systematic Desensitization
☐ Existential/Humanistic	☐ Parent Training	☐ Transactional Analysis
☐ Exposure/Response Prevention	☐ Psychodynamic Psychotherapy	☐ Other_____
☐ Family Therapy	☐ Rational Emotive	_____

REQUESTED SERVICES:

CPT Code:_____ Frequency:_____

CPT Code:_____ Frequency:_____

_____ _____

Provider's Signature Date

Disclaimer: Authorization indicates that ValueOptions-TRICARE has determined that medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the beneficiary's eligibility and benefit limitations at the time services are rendered.

07/2005