



### CONSULT REPORT

(Use the TRICARE Referral/Authorization notice as the fax cover sheet, and this consult information as the second page)

Beneficiary's Name:	Actual Appointment Date:
Authorization Number:	

Diagnosis:

Relevant History:

Mental Status Exam:

Anxious                       Depressed                       Suicidal  
 Mixed Mood                       Cognitive Deficits                       Homicidal  
 Delusional                       Hallucinating                       Deficit in Judgment / Insight  
 Manic                       Deficit in Attention                       Flight of Ideas / Looseness of Association  
 Other (specify)

Medications / dosages prescribed (if applicable):

Will you continue to treat this beneficiary:                       Yes                       No

Recommended treatment (duration / frequency):

Provider Signature:	Telephone Number:
Printed Name:	
Date:	