



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:	