

Outpatient Treatment Progress Report

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MEMBER INFORMATION					
Member Name*: (First & Last)	Member ID#:	Date of Birth*			
Member Address: (City/State): _____ Member Home Phone: _____ Member Work Phone: _____	Prior clearly: _____ Provider Name: _____ Degree: _____ Phone: _____ Address: _____				
Number of Sessions to date: _____ Frequency: _____ Date 1 st Visit _____ Date Last Visit _____ Release of information for UBH signed: ☐ Yes ☐ No Release of information for PCP signed: ☐ Yes ☐ No ___ TX Plan or Summary sent to patient's PCP ___ Member/ Parent/Guardian refused consent for release to PCP ___ Member states they have no PCP					
If Child/Adolescent: Is Family Involved? ☐ Yes ☐ No Prior Treatment- Episodes in past year: MH # of times Outpatient _____ Inpatient _____ PHP _____ IOP _____ CD: # of times Outpatient _____ Inpatient _____ PHP _____ IOP _____ Outcome: AMA discharge _____ Completed Treatment/still using: _____ Completed Treatment/Sober _____ Active in CD Support Group? ☐ Yes ☐ No					
Current Symptoms: Moods: ☐ Sad, ☐ Elated, ☐ Hopeless, ☐ Low Energy, ☐ Poor Concentration, ☐ Angry, ☐ Appropriate, ☐ No Problem, ☐ Other _____ Anxiety: ☐ Worry, ☐ Panic, ☐ Fearfulness, ☐ Compulsive, ☐ None, ☐ Other _____ Thought: ☐ Delusions, ☐ Hallucinations, ☐ Disorganized Speech, ☐ Obsessive, ☐ Distractible, ☐ No Problems ☐ Other _____ Behavior: ☐ Aggressive, ☐ Truant, ☐ Runaway, ☐ Disorganized behavior, ☐ Compulsive, ☐ Hyperactive ☐ Other _____ Sleep Problems, Describe: _____ Appetite Problems, Describe: _____					
DIAGNOSES * ICD-10 Use DSM-IV Codes, include all Axis. Axis I - Primary _____ Axis II - _____ Secondary _____ Axis III - _____ Axis IV ☐ Economic problems ☐ Problems with accessing health services ☐ Housing problems ☐ Problems related to interactions with legal/criminal system ☐ Occupational problems ☐ Problems related to social environment/school ☐ Other psychosocial problems Axis V (GAF) Current _____ Highest in last 12 months _____ Target Problems/ Symptoms: _____					
RISK ASSESSMENT <table style="width:100%;"> <tr> <td style="width:33%;"> Suicidality: ☐ None ☐ Ideation ☐ Plan ☐ Intent w/o means ☐ Intent with means ☐ Ideation in past yr ☐ Attempt in past yr ☐ Family/peer history of completed suicide If risk exists: Client is able to contract not to harm ☐ Self ☐ Others </td> <td style="width:33%;"> Manic/Depressive: ☐ None ☐ Ideation ☐ Plan ☐ Intent w/o means ☐ Intent with means ☐ Ideation in past yr ☐ Attempt in past yr </td> <td style="width:33%;"> His Substance Abuse/Dependence: Assessed ☐ Yes ☐ No Problem? ☐ Yes ☐ No If yes, drugs of choice: _____ ☐ Current Abuse/Dependence ☐ By Family/Significant Other Other Risk Factors: ☐ His Physical/Sexual Abuse ☐ Child/Elder neglect ☐ Anorexia ☐ Bulimia </td> </tr> </table>			Suicidality: ☐ None ☐ Ideation ☐ Plan ☐ Intent w/o means ☐ Intent with means ☐ Ideation in past yr ☐ Attempt in past yr ☐ Family/peer history of completed suicide If risk exists: Client is able to contract not to harm ☐ Self ☐ Others	Manic/Depressive: ☐ None ☐ Ideation ☐ Plan ☐ Intent w/o means ☐ Intent with means ☐ Ideation in past yr ☐ Attempt in past yr	His Substance Abuse/Dependence: Assessed ☐ Yes ☐ No Problem? ☐ Yes ☐ No If yes, drugs of choice: _____ ☐ Current Abuse/Dependence ☐ By Family/Significant Other Other Risk Factors: ☐ His Physical/Sexual Abuse ☐ Child/Elder neglect ☐ Anorexia ☐ Bulimia
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Member has been evaluated for psychiatric meds? ☐ Yes ☐ No Prescribing MD: ☐ Psychiatrist Name: _____ ☐ PCP Name: _____					
CURRENT MEDICATIONS Include all meds psychiatric and medical					
Drug	Current Dose	Duration	Drug	Current Dose	Duration
Progress Update ☐ Compliant, Progressing and Improving - Needs more sessions ☐ Compliant, Progressing and Improving - Plan for discharge When? ☐ Compliant, Not Progressing or Improving - Needs Mod referral ☐ Not Compliant, but at risk - How addressed? ☐ Not Compliant, Needs Referral for other Services/ Therapy			If Patient needs referral ☐ Have you made the referral? ☐ Yes ☐ No ☐ Can UBH help you with the referral? ☐ Would like to consult with a UBH clinician? MSW MA PhD MD		
Expected Outcome and Prognosis ☐ Return to normal functioning ☐ Expect improvement, anticipate less than normal functioning ☐ Relieve acute symptoms, return to baseline functioning ☐ Maintain current status/prevent deterioration			Frequency of sessions: _____ Expected LOS: <u>Discrete</u> Modality CPT Code: _____		

Clinician's Signature _____ Date _____

This form is to be used for routine outpatient psychotherapy only

Suffolk County Unified Treatment Progress Report

Xiang Xie



Suffolk County Unified Treatment Progress Report:

The book delves into Suffolk County Unified Treatment Progress Report. Suffolk County Unified Treatment Progress Report is an essential topic that needs to be grasped by everyone, ranging from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into Suffolk County Unified Treatment Progress Report, encompassing both the fundamentals and more intricate discussions.

1. The book is structured into several chapters, namely:
 - Chapter 1: Introduction to Suffolk County Unified Treatment Progress Report
 - Chapter 2: Essential Elements of Suffolk County Unified Treatment Progress Report
 - Chapter 3: Suffolk County Unified Treatment Progress Report in Everyday Life
 - Chapter 4: Suffolk County Unified Treatment Progress Report in Specific Contexts
 - Chapter 5: Conclusion
 2. In chapter 1, the author will provide an overview of Suffolk County Unified Treatment Progress Report. The first chapter will explore what Suffolk County Unified Treatment Progress Report is, why Suffolk County Unified Treatment Progress Report is vital, and how to effectively learn about Suffolk County Unified Treatment Progress Report.
 3. In chapter 2, the author will delve into the foundational concepts of Suffolk County Unified Treatment Progress Report. This chapter will elucidate the essential principles that need to be understood to grasp Suffolk County Unified Treatment Progress Report in its entirety.
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 5. In chapter 4, this book will scrutinize the relevance of Suffolk County Unified Treatment Progress Report in specific contexts. The fourth chapter will explore how Suffolk County Unified Treatment Progress Report is applied in specialized fields, such as education, business, and technology.
 6. In chapter 5, this book will draw a conclusion about Suffolk County Unified Treatment Progress Report. The final chapter will summarize the key points that have been discussed throughout the book.
- This book is crafted in an easy-to-understand language and is complemented by engaging illustrations. This book is highly recommended for anyone seeking to gain a comprehensive understanding of Suffolk County Unified Treatment Progress Report.

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Suffolk County Unified Treatment Progress Report Introduction

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wszystkie prace powinny być dokonane na zgaszonym silniku wymiana zacisku hamulcowego vw golf 4 uŻyj nastĘpującej
procedury odkryj maskę silnika odkręć korek pojemnika na płyn

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1 9 tdi aracımda meydana gelen problemi ve çözümünden yola çıkarak diğer araçlarda da doğru teşhis konulması için fikir
verilmesi adına yazıldı turbo arızası olarak da tanımlanan bu problemin

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50 zł z dostawą produkt zestaw naprawczy wkładka zamek wiosŁo dla mk4 dostawa jutro do 10 miast 2 osoby kupiły dodaj do
koszyka supercena firma promowane zestaw naprawczy do podsufitki

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17 3 podejmij przednią część samochodu i zafiksuj na podporach 4 odkręć śruby koła autodoc poleca 7 odkręć element łączny który łączy stabilizator poprzeczny z wahaczem skorzystaj z nasadki o numerze 16

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