

@SUBJECTIVEBEGIN@

REASON FOR VISIT

Integrated Behavioral Health (IBH) Care Coordination **Enrollment**

HISTORY OF PRESENT ILLNESS

@PREFERREDNAME@ is a @age@ @sex@, with a history of *** who is referred to IBH Care Coordination for ***.

Primary symptoms of concern: ***

Current stressors: ***

The following patient reported outcomes were completed:

{IBH Reported Outcomes:71872}

Current psychiatric pharmacological interventions: ***

Current nonpharmacological interventions: ***

Current psychotherapist: ***

Current psychiatric prescribing provider: ***

Suicidal Ideations: ***

Non-suicidal self-injury: ***

Homicidal ideations: ***

Access to firearms: ***

Sleep: ***

Pain interference: ***

PAST MEDICAL HISTORY

Medical History: ***

@LASTTSH@

Mental Health History: ***

Past medication trials: ***

Mental Health Hospitalizations: ***

Mental Health ED Visits: ***

Past psychotherapists: ***

Past psychiatric prescribing provider: ***

Past ECT/TMS/Ketamine: ***

Genomic testing: ***

Past suicide attempts: ***

Past non-suicidal self-injury: ***

Past homicidal ideations: ***

FAMILY HISTORY

SOCIAL HISTORY

History of trauma/abuse/neglect: ***

Learning: ***

Military history: ***

Legal history: ***

Current support: ***

Patient reports the following leisure activities: ***

Patient reports the following stress reductions activities: ***

Social Determinants of Health:

{SDOH assessment:78746}

Substance abuse: ***

Nicotine use: ***

Supplement use: ***

Caffeine use: ***

Physical activity: ***

Past chemical dependency treatments: ***

@ASSESSMENTPLANBEGIN@

The following program goals were identified:

Patient goals for care coordination:

1. ***

Healthcare team goals for care coordination:

1. ***

Referrals: {IBH CC referrals:73568}

Next contact: {numbers 0-10:5044} {DAYS/WEEKS/MONTHS:21172} by {MC AMB HP NEXT CONTACT TYPE:39416}.

Discussion items for next contact include ***.

The following emergency resources were reviewed with the patient: {MC CARE COORD MH RESOURCES:43699}.

The {Persons; family members:60370} was instructed to contact the care coordinator with any questions or concerns and stated understanding of the information provided.

{Complete all 4 sections if encounter is over the phone (Optional):71765}

RECOMMENDATIONS

Please see associated supervising psychiatrist note for additional recommendations for consideration by the Primary Care Provider.