

## Conversion of Benefits

Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_ Patient Age \_\_\_\_\_

Clinician Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Psychiatrist Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Dates of Visits Used \_\_\_\_\_

Date of Last Psychiatric Appointment: \_\_\_\_\_ Frequency of Visits: \_\_\_\_\_

Description of treatment: \_\_\_\_\_

Progress on Target Symptoms:	Session #: _____			
	much worse	no change	much better	resolved
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Medications – name/dose/frequency	Compliance/Side Effects

Mental Status Exam			
<b>Appearance</b>	appropriate, well-groomed disheveled, poor	overdressed, elaborate no effort/attention to appearance	<b>Thoughts</b>
<b>Orientation</b>	alert fully oriented Not Orientated to: person place time situation	somnolent obtunded	<b>Delusions</b>
<b>Mood</b>	normal depressed angry anxious elated swings fearful other		<b>Hallucinations</b>
<b>Affect</b>	euthymic dysphoric normal	depressed labile irritable suspicious expansive other	<b>Memory</b>
<b>Speech</b>	normal slow pressured alogic other		<b>Attention/Concentration</b>
<b>Abnormal Motor Activity</b>	none tardive dyskinesia	retarded tremor tics agitated other	<b>Language</b>
<b>Suicide Homicide</b>	denies ideation intent plan		<b>Insight</b>
			<b>Judgment</b>

## Conversion of Benefits (page 2)

High Risk Behaviors/Symptoms: \_\_\_\_\_  
 \_\_\_\_\_

Interventions Indicated for High Risk Behavior: \_\_\_\_\_  
 \_\_\_\_\_

Involvement of Significant Others/Support Systems: \_\_\_\_\_  
 \_\_\_\_\_

(NOTE: CONVERSION OF BENEFITS FOR SERIOUS MENTAL ILLNESS DIAGNOSES ONLY)  
 Serious Mental Illness- is defined as schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia nervosa, schizoaffective disorder, and delusional disorder. This does not apply to the treatment of alcoholism or other drug dependencies

**DSM IV DIAGNOSIS:**

**Axis I - Clinical Disorder(s)**

1. Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

2. Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Axis II - Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Axis III - General Medical Conditions: \_\_\_\_\_

Axis IV - Psychosocial Stressors: \_\_\_\_\_ Axis V - Current GAF Score: \_\_\_\_\_

TREATMENT PLAN: Specific <i>Symptoms</i> and <i>Areas of Functioning</i> Targeted for Treatment:			
Target Problems (Must be specific, e.g., "depression as evidenced by ...", or "angry at work; poor concentration at work")	Goals (must be objective and measurable)	Planned Intervention (must be specific)	Target Date
1.			
2.			
3.			

Estimated length of treatment: \_\_\_\_\_ Number of Sessions Requested: \_\_\_\_\_

Clinician's Signature \_\_\_\_\_ Benefit Recycle Date: \_\_\_\_\_

Number of Sessions Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_