



Telephone: 808.951.4621 / Toll Free: 866.377.3977 / Fax: 866.206.5655

## Behavioral Health Interpretive Summary / Treatment Plan

<b>Member's Name</b>	<b>Date of Service Requested:</b>	<b>Authorization # (if applicable):</b>
<b>Member's ID#</b>		
<b>Complaint:</b>		
<b>History of Present Illness / Symptoms:</b>		
<b>Past Psychiatric History:</b>		
<b>Current Medications:</b>		
<b>DSM-IV Diagnosis</b>		
<b>Axis I</b>		
<b>Axis II</b>		
<b>Axis III</b>		
<b>Axis IV</b>		
<b>Axis V</b>	Current GAF: <input style="width: 100px; height: 20px;" type="text"/>	Past GAF: <input style="width: 100px; height: 20px;" type="text"/>
<b>Goals:</b>		
<b>Treatment Modalities:</b>		
<b>Treatment Frequency:</b>		
<b>Provider Name (Please Print)</b>	<b>Provider Signature</b>	<b>Date Signed</b>