

Physical and Mental Health Coordination of Care Information



Date: _____

To: _____

Re: _____

Client's Date of Birth: _____

Dear Dr. _____ :

I am currently providing mental health treatment to this client. This client was enrolled for treatment at [Spanish Peaks Mental Health Center (SPMHC)] on _____ and has designated you as his/her primary care physician. A release of information was signed. We have encouraged him/her to maintain ongoing medical care with you. We wish to keep you informed of pertinent information related to his/her mental health treatment.

Primary DSM-IV TR Diagnosis: Axis I _____ Axis II _____

Current medications (as reported by client): _____

Additional Comments: _____

PLEASE BE AWARE THAT THE ABOVE INFORMATION WAS ACCURATE AS OF THE TIME THIS LETTER WAS SENT. IN THE COURSE OF TREATMENT, CHANGES MAY OCCUR.

Mental Health Provider Name _____ Fax# ____ - ____ - _____

Office Location _____ Phone# ____ - ____ - _____

TO FACILITATE COORDINATION OF CARE , PLEASE SEND US ANY INFORMATION YOU MAY HAVE REGARDING THIS CLIENT'S MEDICAL TREATMENT, INCLUDING ANY ICD-9 MEDICAL DIAGNOSES AND MEDICATIONS PRESCRIBED AND ANY ABNORMAL LAB RESULTS, AS APPROPRIATE.

Also, please indicate additional correspondence you would like to receive (optional):

Notice of a Psychiatric Hospitalization

Mental Health Treatment Plan Information

Notice of an Emergency Room Visit

Sincerely,

Primary Therapist/Clinician

Original to: PCP, Copy to: Chart