

From Open Door Community Health Centers

BEHAVIORAL CONSULTATION TRACKING SHEET

Patient's Name: _____ DOB: _____ MR#: _____

Referral Date: _____ PCP: _____

Diagnosis: 1. _____ 2. _____ 3. _____

Patient's rating of overall symptom distress (0-10 scale: 0=no distress; 5=moderate distress; 10=extreme distress)

	Date of Visit	Symptom Severity	Cancellation / No Show
1		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
2		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
3		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
4		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
5		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
6		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
PCP Approval Required for Continued Visits <input type="checkbox"/> Approval Obtained			<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
7		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
8		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
9		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
10		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
11		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
12		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
PCP Approval Required for Continued Visits <input type="checkbox"/> Approval Obtained			<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
13		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
14		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
15		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
16		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
17		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
18		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
PCP Approval Required for Continued Visits <input type="checkbox"/> Approval Obtained			<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
19		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
20		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
21		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
22		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel
23		_____ notes:	<input type="checkbox"/> N/S <input type="checkbox"/> Cancel