Network Provider Client Care Plan

San Luis Obispo County Mental Health Managed Care
Phone: 800-838-1381 Fax: (805) 781-4176
2178 Johnson Avenue
San Luis Obispo CA 93401-4535

Provider Name: Total Sessions to Date:

Current DSM 5 Diagnoses and Conditions:

(P):

(S):

(S):

(S):

Psychosocial and Contextual Factors (Z Codes):

Current Symptoms: (Rate all that apply: 1 = mild, 2 = moderate, 3 = severe, 4 = very severe)

- Bullies Others
- Cruel to people
- Frequently Fights
- Criminal Behavior
- Cruel to Animals
- Destroys Property
- Sets Fires
- Frequently Truant
- Frequently Runs Away
- Annoys others
- Easily Annoyed
- Argues with Adults
- Defiant
- Often Angry
- Spiteful/Vindictive
- Hyperactive
- Inattentive
- Poor Follow Through
- Doesn't Listen
- Avoids Difficult Tasks
- Disorganized
- Forgetful
- Easily Distracted
- Can't Sit Still/Fidgets
- Can't Play Quietly
- Blurts out Answers
- Talks Excessively
- Can't Wait Turn
- Interrupts/Intrudes
- Impulsive
- Tense
- Restless
- Excessive Worry
- Irritable
- Panic Attacks
- Can't Control Worry
- Agoraphobia
- Obsessive Thoughts
- Compulsive Behaviors
- Exaggerated Startle
- Hypervigilance
- Avoids Trauma Cues
- Avoids Trauma Talk
- Depersonalization
- Feels Numb
- Derealization
- Sad Most of the Time
- Lacks Energy
- Disinterested
- Excessive Guilt
- Agitation
- Suicidal Thoughts
- Sleep Disturbance
- Frequently Tearful
- Preoccupied w/ Death
- Hopeless Thinking
- Weight Gain/Loss
- Low Self Esteem
- Pressured Speech
- Lower Need for Sleep
- Grandiosity
- Racing Thoughts
- Risky Behavior
- Visual Hallucinations
- Auditory Hallucinations
- Delusions
- Distorted Body Image
- Binge Eating
- Purging
- Restricting Diet
- Violent Outbursts
- Current Drug Use
- Current Alcohol Abuse
- Other (Describe below):

Functional Impairment/Life Domain Functioning:

Rate Overall Level of Educational/Occupational Impairment — **If Impaired, Select Primary Reason**

◯ None ◯ Mild ◯ Moderate ◯ Severe

Rate Overall Level of Self Care/ADL Impairment

◯ None ◯ Mild ◯ Moderate ◯ Severe

Rate Overall Level of Family Impairment

◯ None ◯ Mild ◯ Moderate ◯ Severe

Rate Overall Level of Social Impairment

◯ None ◯ Mild ◯ Moderate ◯ Severe

Rate Overall Level of Residential Impairment

◯ None ◯ Mild ◯ Moderate ◯ Severe

Briefly describe any Moderate or Severe ratings:

Client Name: Client Number:

Current Medications and Prescribing MD Name:

Progress Toward Treatment Objectives (Renewal requests only. Use an additional page if needed)**:**

Client Strengths:

Client's Overall Goal:

Objective(s) (What will client do to accomplish Goal? Use an additional page if needed)**:**

Intervention(s) (What will NWP do to help client accomplish Objectives? Use an additional page if needed)**:**

Case Management Activities:

Services Requested:

CPT Code	Inter-vention	Minutes	Description	Number Requested
96101	700	420	Psychological Testing	
90832	125/126	< 30	Individual Therapy	
90834	125/126	31-50	Individual Therapy	
90837	125/126	51-60	Individual Therapy	

CPT Code	Inter-vention	Minutes	Description	Number Requested
90847	135/136	60	Family Therapy w/ Client	
90846	130/131	50	Family Therapy w/o Client	
90853	140/141	60	Group Therapy	
90882	145	Up to 10	Case Management	

Client Signature _____ Date _____

Parent/Legally Responsible Person _____ Date _____

Network Provider Signature and Discipline _____ Date _____

Managed Care Approver Signature and Discipline _____ Date _____

Client Name: _____ Client Number: _____

Additional Information (if needed):

Client Name:

Client Number: