



**Behavioral Health Care Treatment Record  
Documentation of Continuity and Coordination of Care**

**Coordinating Behavioral Health Care with the Primary Care Physician**

The record reflects attempts to coordinate behavioral care with the primary care physician at any time during treatment when coordination of care is indicated.

*Write date action taken - or not taken for reason indicated*

1. The client declined my request to sign a consent form to allow me to communicate with their Primary Care Physician (PCP).
2. The client does not have a PCP and I encouraged them to obtain one.
3. I attempted to communicate with the PCP by the following method(s):  
 Phone       Mail       Fax       Other: \_\_\_\_\_  
*(Keep a copy of written communication in treatment record)*

<b>Date</b>

4. Communicating with the client's PCP is not indicated for this case because all of the following are true:
  - The client/patient does not have any medical conditions that impact their behavioral health.
  - The client/patient does not have a behavioral problem that impacts a medical condition. (Example, the client came to you for marital therapy, family therapy, or adjustment disorder.)
  - I have not prescribed medications for this client.

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**Coordinating Behavioral Health Care with Other Behavioral Health Care Professionals**

The record reflects attempts to coordinate behavioral care with other behavioral health care professionals or treatment programs/facilities as indicated at any time during treatment.

*Write date action taken - or not taken for reason indicated*

1. The client declined my request to sign a consent form to allow me to communicate with other behavioral health professionals or treatment programs/facilities.
2. I attempted to communicate with the behavioral clinician/program/facility by the following method:      *(Keep a copy of written communication in treatment record)*  
 Phone       Mail       Fax       Other: \_\_\_\_\_

<b>Date</b>

3. Communicating with other behavioral health clinicians/treatment programs/facilities is not indicated for this case because all of the following are true:
  - The client had no prior behavioral health treatment relevant to the current diagnosis.
  - The client was not referred to me by another behavioral health professional or treatment program/facility that expects feedback on this case.
  - The client is not being referred to another behavioral health professional or treatment program/facility.

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Signature of Behavioral Health Professional: \_\_\_\_\_