**PCBH / CoCM Note**

**ASSESSMENT:**

Patient with

related to      in the context of depression/anxiety. Patient will benefit from

Patient in       stage of change.

Intervention Type:

[ ]  Problem Solving

[ ]  Behavior Modification [ ]  Psychoeducation

[ ]  Behavioral Activation [ ]  Relaxation Skills Training

[ ]  Cognitive-Behavioral [ ]  Stress Management

[ ]  Crisis Management [ ]  Supportive Interventions

[ ]  Insight Development [ ]  Systemic Intervention

[ ]  Interpersonal Skills Training [ ]  Health and Behavioral Interventions

[ ]  Mindfulness Training [ ]  SBIRT

[ ]  Motivational Interviewing [ ]  Assessment

[ ]  Other

Support and active listening were provided to the patient.

Response to interventions:

[ ] Engaged

[ ] Responsive

[ ] Interactive

**PLAN:**

1. F/U with BHC
2. Changes to Psychotropic Medication regimen
3. Behavioral recommendation(s):
	1.
	2.
	3.

**SUBJECTIVE:**

Patient here for  regarding       and verbally consented to meet with BHC/BHCC and engage in CoCM.. Reporting the following symptoms/concerns:

Duration of the problem:

Severity:

**OBJECTIVE:**

Referred by:

Mood affect:

[ ]  Dysphoric [ ]  Irritable [ ]  Blunted

[ ]  Euthymic [ ]  Flat [ ]  Agitated

[ ]  Depressed [ ]  Distressed [ ]  Tearful

[ ]  Anxious [ ]  Labile [ ]  Other

Appearance: Appropriately dressed and groomed.

Harm to self or others:

Substance use:

Current psychotropic medication use:

Behavioral Health History:

Harm to self or others:

Substance use:

Current Medication/adherence:

Prior psychiatric medications:

Completing of screening measures:

[ ]  PHQ-9 [ ] GAD-7 [ ] SLUMS

[ ] AUDIT [ ] DAST [ ] SBIRT

[ ]  Other

Total Score:

Provisional Diagnosis:

Time spent with patient:

Type of Contact: in person/ phone/ telehealth

Others present in the room:

Interpreter used: Yes [ ]  No [ ]

Rendering Provider: @PCP@

Name of BHC Provider: signature

Select for service provided

[ ] This patient was informed of the following characteristics of their care with the primary care medical home Name of organization. A. Behavioral health providers operate as consultants to the medical team and not as stand-alone providers of care. B. All information discussed with team members as applicable/appropriate will be documented in the share electronic health record and visible by all care team members. C. The Behavioral Health Team works as a group providing care to all patients and as such a patient is likely to work with multiple Behavioral Health providers. Patient consented to meet with BHC.

[ ] Patient consented to CoCM program, including the roles of psychiatric consultant, BHCC, and other relevant specialists. Patient was made aware of their responsibility for potential cost-sharing expenses for CoCM services.