



Rationale for an Outpatient Referral Phase I

Counselor's name: _____

Client's name: _____

I. Date of first appointment using MHSA benefits: _____

II. Reason for treatment (all must be met):

_____ A diagnosis from the DSM IV is present with symptoms. These symptoms have been documented to support the diagnosis

<u>Diagnosis</u>	<u>Symptoms</u>
Axis I _____	_____
Axis II _____	_____
Axis III _____	_____
Axis IV _____	_____
Axis V (GAF) _____	_____

_____ The present disorder is likely to improve with continuation of treatment

III. One of the following must be present:

_____ Dysfunction as evidence by a pattern of interference of (circle one or more) social, family, occupational/school functioning. Or current (circle one or more) anxiety, mood, or other psychiatric symptoms.

_____ Some improvement and symptomatic relief however stressors are still present and still require ongoing treatment in order to prevent setbacks

IV. What is the expected length of treatment? _____

V. Please Circle Only One Assessed Problem:

Marital/couples	Housing	Family	Occupational	Financial	MHDx(AAMC only)		
Physical	Emotional	Behavioral	Grief/Loss	Violence	Legal	Life Events	Info
Only	Drug	Alcohol	Other Addiction	Another's Addiction			
Work/Life	Another's Emotional/Physical		Other(<i>Specify</i>) _____				

Counselor's Signature: _____