



Rationale for an Outpatient Referral – Phase II

Counselor's name: _____

Client's name: _____

I. Date of first appointment using MHSA benefits: _____

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

Diagnosis

Symptoms

Axis I	_____	_____
Axis II	_____	_____
Axis III	_____	_____
Axis IV	_____	_____
Axis V (GAF)	_____	_____

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

III. Treatment Goals: 1. _____
2. _____
3. _____
4. _____

IV. Treatment Plan / interventions/strategies used to achieve above goals:

V. Progress made toward goals / impediments to progress: _____

VI. Is member actively participating in treatment? yes no

VII. What is the expected length of treatment? _____

Counselor's Signature: _____