





### Clinical Information

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Medication	Dose	Last Change Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Services provided to member while in SMHS or Beacon level services:**

- Medication Management
- Psychological Testing
- Individual/Group Therapy
- TBS
- Case Management
- Wrap services
- Crisis Intervention
- Other \_\_\_\_\_

**Risk Factors:**

- Psychiatric hospitalization within last year. If yes, date \_\_\_\_\_.
- Active S/I or H/I with plan or intent. If yes, please describe below.
- Recent trauma/loss. If yes, please describe below.
- Recent release from prison system. If yes, please describe below.
- Increased psychosocial issues exacerbating MH condition. If yes, please describe below.

**Relevant Clinical information:**