



Clinical Update Request

Instructions: Please fill out and print, or print form and fill out legibly in black ink. Fax to BCBSOK at 877-361-7660.
To speak to a Behavioral Health Outpatient Care Coordinator, call 800-851-7498.

Date _____

Patient and Member Information	
Patient Name _____	Member Name _____
Group # _____	Date of Birth _____
	Subscriber ID # _____
Provider Information (Individual and/or Group)	
Provider Name _____	Address _____
City _____	State _____ Zip _____
NPI # _____	Fax # _____ Phone # _____

DSM-IV Diagnosis

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V Highest _____ Current _____

Is the member on medications? No Yes If yes, what are current medications/dosages?

What has been the response to medications? Poor Moderate Excellent

History of Services (Recent hospitalizations, PHP, IOP, OP, etc.): _____

What is the member's current functional capacity (Interpersonal skills, employment, social relationships, health issues, cognitive skills)?

Has the member been screened for substance abuse issues? No Yes

If yes, please give details of substance abuse (type of drug, duration of use, last use, episodes of treatment):

If no substance abuse screening, then why? _____

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What has response been to therapy? Poor Moderate Excellent

Have the symptoms that brought the member initially to treatment been resolved? No Yes

What are the current targeted impairments/active symptoms requiring continued treatment? _____

Current Treatment Goal #1: _____

Intervention for Goal #1: _____

Current Treatment Goal #2: _____

Intervention for Goal #2: _____

What coping skills have been developed to address chronic issues in the member's life?

Provider Requesting Services for this Review:

CPT	# Requested	Frequency
90804	_____	_____
90805	_____	_____
90806	_____	_____
90807	_____	_____
90847	_____	_____

CPT	# Requested	Frequency
90853	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

Anticipated termination date: _____

Additional comments: _____

My signature confirms that I am providing the requested services:

Signature _____ Date _____

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