Magellan Behavioral Health of Pennsylvania, Inc.
Primary Care Physician (PCP) Communication Form

CONFIDENTIAL

☐ Bucks County ☐ Cambria County ☐ Delaware County ☐ Lehigh County ☐ Montgomery County ☐ Northampton County

Patient Name: _____ Date: _____

Insurance: _____ MA ID #: _____

Clinician(s): _____

DSM-5 Diagnosis: _____

Group: _____ Phone #: _____

Treatment Update

Treatment Start Date: _____ Date of Last Visit: _____

Treatment Modality (Check all that apply)

☐	Individual Psychotherapy	☐	X/Week	☐	Psychiatric Evaluation
☐	Family Psychotherapy	☐	X/Week	☐	Medication Management
☐	Group Psychotherapy	☐	X/Week	☐	Other

Current Medications (Check all that apply)

Condition	Medication	Dose	Frequency	Patient Compliant?	
				Yes	No
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Treatment Compliance (Check all that apply)

1. ☐ Patient continues to attend scheduled treatment program.
2. ☐ Patient frequently absent from scheduled treatment.
3. ☐ Patient discontinued or dropped out of treatment prior to completion of care. Outreach efforts are in place.
4. ☐ Patient has returned to treatment after episode of outreach or temporary referral to higher level of care.
5. ☐ Treatment terminated.

Reason

a. ☐ Treatment complete
b. ☐ Patient withdrew
c. ☐ Family withdrew patient
d. ☐ Benefits ended
e. ☐ Provider terminated
f. ☐ Other

Treatment Status After Termination

a. ☐ No further treatment required
b. ☐ Continue with current provider as fee-for-service
c. ☐ Continue with another provider as fee-for-service
d. ☐ Referral made to community resource
e. ☐ Other

Comments

Date Sent to PCP: _____ PCP Name: _____

PCP Address: _____

Current signed release of information form? ☐ **Yes** ☐ **No** **Date of Expiration:** _____

Signature of Person Completing Form: _____