Denise Weller, MSW, LSCSW
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LifeLine Counseling Center
Licensed Specialist *Clinical Social Worker*
Registered Play Therapist-Supervisor
Fax#: (913) 764-4160

Coordination of Care Form
Report to PCP/Psychiatrist

I do/do not authorize Denise Weller, MSW, LSCSW to release information to my child's physician/psychiatrist

_______________________________________ Parent Signature

_______________________________________ Parent Signature

Client Name:	Physician Name:
Client Date of Birth:	Physician Phone #:
Medicaid ID#	Physician Fax #:

For Behavioral Health Provider to Complete:
This is a (n) _______Initial Summary _______Interim ________Termination Summary

Diagnosis:
Axis I: ____
Axis II: ____

Psychotropic Medications:
Current Medications: ____
Please evaluate this client for the appropriateness of mediation for the treatment of:
____

Current Treatment Goals:

____
____

Current Treatment Modalities:

□Individual Therapy □Family Therapy □Group Therapy □Couples Therapy□Referral to Early Childhood Intervention
□Referral to community services: ____

________________________________ **Behavioral Health Provider Signature**

_____________________ **Date**

Please complete and return with medication name and dosage prescribed or if there are any medical conditions or medications that may be causing or contributing to this client's behavioral health symptoms.

Current Medications Prescribed:
____
____
____

Medical Conditions:
____
____

________________________________ **PCP/Psychiatrist Signature**

_____________________ **Date**