



Telephone: 808.951.4621 / Toll Free: 866.377.3977 / Fax: 866.206.5655

Behavioral Health Interpretive Summary / Treatment Plan

Member's Name	Date of Service Requested:	Authorization # (if applicable):
Member's ID#		
Complaint:		
History of Present Illness / Symptoms:		
Past Psychiatric History:		
Current Medications:		
DSM-IV Diagnosis		
Axis I		
Axis II		
Axis III		
Axis IV		
Axis V	Current GAF: <input style="width: 100px; height: 20px;" type="text"/>	Past GAF: <input style="width: 100px; height: 20px;" type="text"/>
Goals:		
Treatment Modalities:		
Treatment Frequency:		
Provider Name (Please Print)	Provider Signature	Date Signed