

**Behavioral Health CareConnection®**  
**Data Collection Form: Outpatient (Tier II)**

**Member Name:** \_\_\_\_\_ **Member ID:** \_\_\_\_\_

**DEMOGRAPHICS**

Ethnicity <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Specific Hispanic <input type="checkbox"/> Hispanic--Specific Origin Not Collected <input type="checkbox"/> Not Available/Unknown/Not Collected	Race Select One or More: <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race Not Listed Above
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Developmentally Disabled without DSM or ICD diagnosis?  NO  YES

**Current Level of Education:**

Grade Level: <input type="checkbox"/> 0 Zero Years <input type="checkbox"/> 1 One Year <input type="checkbox"/> 2 Two Years <input type="checkbox"/> 3 Three Years <input type="checkbox"/> 4 Four Years <input type="checkbox"/> 5 Five Years <input type="checkbox"/> 6 Six Years <input type="checkbox"/> 7 Seven Years <input type="checkbox"/> 8 Eight Years <input type="checkbox"/> 9 Nine Years <input type="checkbox"/> 10 Ten Years	<input type="checkbox"/> 11 Eleven Years <input type="checkbox"/> 12 Twelve Years <input type="checkbox"/> 13 Thirteen Years <input type="checkbox"/> 14 Fourteen Years <input type="checkbox"/> 15 Fifteen Years <input type="checkbox"/> 16 Sixteen Years <input type="checkbox"/> 17 Seventeen Years <input type="checkbox"/> 18 Eighteen Years <input type="checkbox"/> 19 Nineteen Years <input type="checkbox"/> 20 Twenty Years <input type="checkbox"/> 21 > Twenty Years	Type of School: <input type="checkbox"/> Alternative School <input type="checkbox"/> College (2 or 4 year program) <input type="checkbox"/> GED Program <input type="checkbox"/> Graduate School <input type="checkbox"/> Headstart <input type="checkbox"/> Homebound <input type="checkbox"/> Not in School <input type="checkbox"/> Post Graduate School <input type="checkbox"/> Preschool Program <input type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Trade, Vocational or Technical	<input type="checkbox"/> Kindergarten
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**Financial and Household Information**

Gross Monthly Income \$ \_\_\_\_\_ .00 # of Household Dependents: \_\_\_\_\_

**Employment Information**

<b>Employment Status</b> <input type="checkbox"/> Supportive Work <input type="checkbox"/> Sheltered Work <input type="checkbox"/> In Employment Training <input type="checkbox"/> Not In Labor Force--Homemaker <input type="checkbox"/> Not In Labor Force--Student <input type="checkbox"/> Not In Labor Force--Retired <input type="checkbox"/> Not In Labor Force--Physically Impaired <input type="checkbox"/> Not Employed, Not Looking	<input type="checkbox"/> Not Employed, But Looking <input type="checkbox"/> Volunteer <input type="checkbox"/> Competitive Employment--full time <input type="checkbox"/> Competitive Employment--part time <input type="checkbox"/> Not In Labor Force--Inmate of Institution <input type="checkbox"/> Not In Labor Force--Disabled <input type="checkbox"/> Not In Labor Force--Other
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**Current Living Arrangement: Indicate the Co Member's Current Living Arrangement.**

<input type="checkbox"/> Acute Care Psychiatric Facility <input type="checkbox"/> Adoptive Home <input type="checkbox"/> Adult Correctional Facility <input type="checkbox"/> Adult Drug/Alcohol Rehabilitation Center <input type="checkbox"/> Adult Family Care Home <input type="checkbox"/> Dependent Living (includes Halfway Houses) <input type="checkbox"/> Family Emergency Shelter <input type="checkbox"/> Home of Biological Parents <input type="checkbox"/> Home of Friend <input type="checkbox"/> Home of Relative <input type="checkbox"/> Homeless/Homeless Shelter <input type="checkbox"/> ICF-ID/DD Group Home <input type="checkbox"/> Independent Living Group Home <input type="checkbox"/> Inpatient Psychiatric Facility <input type="checkbox"/> Individual Support Setting (ISS) <input type="checkbox"/> Large Group Board & Care Home (>8) <input type="checkbox"/> Long-Term Psychiatric Facility <input type="checkbox"/> Medical Hospital <input type="checkbox"/> Nursing Home	<input type="checkbox"/> Other <input type="checkbox"/> Own or Rent Non-Subsidized House/Apt <input type="checkbox"/> Personal Care Home <input type="checkbox"/> Private Boarding House <input type="checkbox"/> Psychiatric Residential TX Facility (<22yrs) <input type="checkbox"/> Regular Foster Home <input type="checkbox"/> Residential Group Treatment <input type="checkbox"/> Rest Home <input type="checkbox"/> Rooming House - Hotel - YMCA <input type="checkbox"/> Small Group Board & Care Home (<: (≤ 8) <input type="checkbox"/> Specialized Family Care Home <input type="checkbox"/> Subsidized Rental House/Apartment <input type="checkbox"/> Supported Housing - Staff Supported <input type="checkbox"/> Treatment Foster Home <input type="checkbox"/> Wilderness Camp <input type="checkbox"/> Youth Correctional Facility <input type="checkbox"/> Youth Drug/Alcohol Rehabilitation Center <input type="checkbox"/> Youth Emergency Shelter
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Months in Current Living Arrangement \_\_\_\_\_ Risk of Losing Current Living Arrangement:  At Risk  Currently Out of Home Placement  Not at Risk

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**Legal Information**

Member  Currently  
 Protective  In the Past  
 Services  Never

Does the Member have a legal guardian?  
 Yes  No

Current <input type="checkbox"/>	Adjudicated Delinquent - Youth Only	Lifetime <input type="checkbox"/>	Adjudicated Delinquent - Youth Only
Legal <input type="checkbox"/>	Adjudicated Status Offender - Youth Only	Legal <input type="checkbox"/>	Adjudicated Status Offender - Youth Only
Status <input type="checkbox"/>	Dependent (Abuse, Neglect, Abandonment) - Youth	Status <input type="checkbox"/>	Dependent (Abuse, Neglect, Abandonment) - Youth
<input type="checkbox"/>	Involuntary Commitment (Civil)	<input type="checkbox"/>	Involuntary Commitment (Civil)
<input type="checkbox"/>	Involuntary Commitment (Criminal Justice)	<input type="checkbox"/>	Involuntary Commitment (Criminal Justice)
<input type="checkbox"/>	Mental Health/Drug Court	<input type="checkbox"/>	Mental Health/Drug Court
<input type="checkbox"/>	No Legal Problems - Youth or Adult	<input type="checkbox"/>	No Legal Problems - Youth or Adult
<input type="checkbox"/>	Non-Adjudicated(Delinquent or Status Offender)--Youth	<input type="checkbox"/>	Non-Adjudicated(Delinquent or Status Offender)--Youth
<input type="checkbox"/>	One or More Arrests - Adult Only	<input type="checkbox"/>	One or More Arrests - Adult Only

**Treatment and Service History**

Indicate services the consumer has previously received:

	Yes	No
Psychiatric Inpatient Hospitalization		
Psychiatric Partial Hospitalization		
Crisis Stabilization or Crisis Support Services		
Substance Abuse Outpatient Services		
Substance Abuse Inpatient/Residential Services		
Psychiatric Residential Treatment Facility (PRTF)		
Intensive Outpatient Services		
Behavioral Health Residential Services		

**Guardianship Information**

Guardianship Description:  Both Parents  Other  
 Choose which best describes  Court Appointed Guardian  Relative  
 the Guardian:  Father Only  State Ward - Youth Only  
 Mother Only  Temporary State Custody-Youth Only

Guardian's  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Presenting Problems**

Please place a number beside each Problem that represents the presenting problem(s) from the list below

- |  |   |   |
|--|---|---|
| Primary Problem _____                            | Secondary (2) Problem _____                 | Tertiary (3) Problem _____                  |
| 1 - Abandonment                                  | 14 - Divorce / Marital Problems             | 27 - Physical Disability / Handicap         |
| 2 - Abuse: Physical, Psychological &/or Sexual   | 15 - Fire Setting                           | 28 - Physical Health Problems               |
| 3 - Acting Out: Aggression                       | 16 - Housing                                | 29 - Physical Health Problems related to SA |
| 4 - Acting Out: Sexual                           | 17 - Job / Job Loss / Work Related Problems | 30 - Pregnancy                              |
| 5 - Behavioral Problems                          | 18 - Legal Reason / Legal Problem           | 31 - Relationship Problems                  |
| 6 - Catastrophic Loss (i.e., theft, flood, fire) | 19 - Mental Illness                         | 32 - School / Education Problems            |
| 7 - Change in Family Circumstance                | 20 - Moved to New Residence                 | 33 - Serious Illness Diagnosed              |
| 8 - Concern About Sexual Orientation             | 21 - ID/DD                                  | 34 - Sibling Conflict                       |
| 9 - Co-Occurring MH & SA Problem                 | 22 - Neglect                                | 35 - Social Problems                        |
| 10 - Criminal Charges: Drug Related              | 23 - No Additional Presenting Problem       | 36 - Substance Abuse: Alcohol               |
| 11 - Criminal Charges: Other, Not Drug Related   | 24 - Other Mental Health Problems           | 37 - Substance Abuse: Drugs                 |
| 12 - Death / Bereavement                         | 25 - Other Substance Abuse Problem          | 38 - Substance Abuse: Pregnancy             |
| 13 - Developmental Disability (DD)               | 26 - Parent/Child Conflict                  | 39 - Suicidal/Suicide Attempt               |

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**Additional Clinical Information: Evaluation and Assessment**

Diagnosis/Medical Conditions \_\_\_\_\_ . \_\_\_\_\_

Other Factors/Diagnosis

- \_\_\_ NONE No other factors
- \_\_\_ V15.41 Personal history of abuse in childhood or Spousal/partner violence
- \_\_\_ V15.49 other personal history of psychological trauma
- \_\_\_ V15.59 personal history of self harm
- \_\_\_ V15.89 other personal risk factors
- \_\_\_ V15.81 Noncompliance with medical treatment
- \_\_\_ V40.31 Wandering associated with a mental disorder
- \_\_\_ V60.0 homelessness
- \_\_\_ V60.1 inadequate housing
- \_\_\_ V60.2 Lack of adequate food or safe drinking water, extreme poverty, low income  
insufficient social insurance or welfare support
- \_\_\_ V60.3 problem related to living alone
- \_\_\_ V60.89 Discord with Neighbor, Lodger, or Landlord
- \_\_\_ V60.6 Problem related to living in a residential institution
- \_\_\_ V60.9 Unspecified Housing or economic problems
- \_\_\_ V61.03 Disruption of Family by separation or divorce
- \_\_\_ V61.10 Relationship Distress with Spouse or Intimate Partner
- \_\_\_ V61.11 Counseling for victim of spousal and partner abuse  
(physical, sexual, neglect, psychological)
- \_\_\_ V61.12 Counseling for perpetrator of spousal and partner abuse  
(physical, sexual, neglect, psychological)
- \_\_\_ V61.20 Parent-child Relational problem
- \_\_\_ Encounter for MH services for victim of child physical, sexual, psychological abuse  
or neglect by parent or non-parent
- \_\_\_ V61.22 Counseling for perpetrator of parent child abuse  
(physical, sexual, neglect, psychological)
- \_\_\_ V61.29 Child Affected by Parental Relationship Distress
- \_\_\_ V61.5 Multiparity
- \_\_\_ V61.7 problems related to unwanted pregnancy
- \_\_\_ V61.8 Sibling Relational problem / Upbringing Away from Parents / High Expressed  
Emotion Level within family
- \_\_\_ V62.21 problem related to Current Military Deployment Status
- \_\_\_ V62.22 Exposure to disaster, war, or other hostilities OR personal history of  
military deployment
- \_\_\_ V62.29 Other problem related to employment
- \_\_\_ V62.3 Academic or Educational problem
- \_\_\_ V62.4 Acculturation difficulty, social exclusion or rejection, target of  
(perceived) adverse discrimination or persecution
- \_\_\_ V62.5 Problems related to conviction with or without imprisonment,  
legal circumstances or release from prison.
- \_\_\_ V62.82 Bereavement, uncomplicated
- \_\_\_ V62.83 Counseling for perpetrator of nonparental (child) or  
nonspousal (adult) physical/sexual abuse/neglect/psychological abuse
- \_\_\_ V62.89 Borderline Intellectual Functioning or Other Problems Related  
Psychosocial circumstances
- \_\_\_ V62.9 Unspecified problem related to social environment or  
psychosocial circumstances
- \_\_\_ V63.8 unavailability or inaccessibility of other helping agencies
- \_\_\_ V63.9 unavailability or inaccessibility of other health care facilities
- \_\_\_ V65.2 Malingering
- \_\_\_ V65.40 other counseling or consultation
- \_\_\_ V65.49 Other circumstances to Adult Abuse by Nonspouse or Nonpartner; Sex counseling;
- \_\_\_ V69.9 problems related to lifestyle
- \_\_\_ V71.01 Adult antisocial behavior
- \_\_\_ V71.02 Childhood and adolescent antisocial behavior

Additional Diagnosis \_\_\_\_\_ . \_\_\_\_\_

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**Mental Status Examination: Check the most appropriate response to each item:**

**Level of Orientation:**

	Yes	No
Person:		
Place:		
Time:		
Situation:		

**Speech:** check all that apply

<input type="checkbox"/> Blocked	<input type="checkbox"/> Rapid
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred
<input type="checkbox"/> Mutism	<input type="checkbox"/> Stuttering
<input type="checkbox"/> Pressured	<input type="checkbox"/> Within Normal Limits

**Appearance:** check one

<input type="checkbox"/> Bizarre	<input type="checkbox"/> Normal
<input type="checkbox"/> Disheveled	<input type="checkbox"/> Short term/working
<input type="checkbox"/> Unkempt	<input type="checkbox"/> Remote
<input type="checkbox"/> Within Normal Limits	
<input type="checkbox"/> Meticulous	

**Recall/Memory:** Deficient In: check one

**Thought Content:** check one

<input type="checkbox"/> Conceptual Disorganization	<b>Sociability:</b> check one	<input type="checkbox"/> Gregarious	<input type="checkbox"/> Loose Association
<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Inhibited	<input type="checkbox"/> Uninhibited
<input type="checkbox"/> Loose Association	<input type="checkbox"/> Isolation	<input type="checkbox"/> Within Normal Limits	
<input type="checkbox"/> Perseveration			
<input type="checkbox"/> Tangential			
<input type="checkbox"/> Thought Blocking			
<input type="checkbox"/> Within Normal Limits			

**Affect:** check one

<input type="checkbox"/> Appropriate	<input type="checkbox"/> Flat
<input type="checkbox"/> Blunted	<input type="checkbox"/> Broad
<input type="checkbox"/> Labile	<input type="checkbox"/> Restricted

**Coping Ability:** check one

<input type="checkbox"/> Normal	<input type="checkbox"/> Exhausted
<input type="checkbox"/> Resilient	<input type="checkbox"/> Overwhelmed
<input type="checkbox"/> Deficient supports	<input type="checkbox"/> Improving
<input type="checkbox"/> Deficient skills	

**Medication**

Is the consumer currently prescribed any psychotropic medication?  NO  YES

Please list prescribed medications below and answer the following two questions

Anti-Depressant Medication: \_\_\_\_\_

Anti-Cholinergics Medication: \_\_\_\_\_

Mood Stabilizer Medication: \_\_\_\_\_

Anti Psychotic Medication: \_\_\_\_\_

Anti Anxiety Medication: \_\_\_\_\_

Anti Convulsant Medication: \_\_\_\_\_

Hypnotic Medication: \_\_\_\_\_

Stimulant Medication: \_\_\_\_\_

Other Medication: \_\_\_\_\_

Medication Efficacy: Indicate the level at which the current medication protocol has produced the desired results

- 1 - Current medication protocol effectively reduces symptoms and aids improvement in functioning
- 2 - Current medication protocol has demonstrated a degree of efficacy but continued monitoring and/or adjustments required.
- 3 - Current medication protocol is not effective and is being modified/discontinued by the physician
- 4 - Current medication protocol has not been implemented due to consumer non-compliance

Medication Compliance: Indicate the level at which the consumer complies with their medication protocol:

- 1- Consumer takes medication without prompts or direct assistance (Independent)
- 2- Consumer takes medication with prompts and/or direct assistance from natural support systems (family, friends)
- 3- Consumer takes medication with prompts from behavioral health provider (minimal assistance)
- 4- Consumer takes medication with direct assistance from behavior health provider (direct assistance)
- 5- Consumer is non-compliant with the medication protocol

**Symptom Acuity & History**

Enter the present acuity exhibited and symptom history within the last 6 months.

	CURRENT ACUITY					HISTORY (in the past 6 mo.)	
	Not Present	Mild (2)	Moderate (3)	Severe (4)	Acute/Crisis (5)	1-180 Days	Symptom Never Present
<b>Safety</b>							
Suicidal *							
Homicidal *							
*If Suicidal or Homicidal Acuity is Moderate or Greater, Please fill out the attached Risk Assessment Form							
Hostility							
Violence							
Self Neglect							
Self Injurious							

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	CURRENT ACUITY	HISTORY (in the past 6 mo.)
	<b>Current Acuity</b> Not Present Mid (2) Moderate (3) Severe (4) Acute/Crisis (5)	<b>History</b> 1-180 Days Symptom Never Present
<b>Thought</b>		
Hallucinations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Delusions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Paranoia	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Poor Concentration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Suspiciousness	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Circumstantial thinking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Obsessions / intrusive thoughts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Socialization</b>		
Oppositional/Defiant Behavior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Withdrawal/Isolating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Impulsivity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Bizarre Behavior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Compulsions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sexually Acting Out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sexually reactive behaviors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Verbal Aggression	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Physical Aggression	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Affect, Energy and Somatic Concerns</b>		
Depression	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Anxiety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Panic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Phobias	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Mania/Hypomania	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Hyperactivity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Guilt	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Hope/Helplessness	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Apathy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Agitation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Change in Energy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Distractibility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Loss of Interest	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Weight change	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Change in sleep patterns	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Motivation/Engagement Level:	<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Substance Use</b>		
Current use of substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of substance used: (mark all that apply)	<input type="checkbox"/> Cannabis <input type="checkbox"/> CNS depressants	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Stimulants <input type="checkbox"/> Opioid and Morphine Derivatives	<input type="checkbox"/> Hallucinogens <input type="checkbox"/> Other	
Frequency of Use:	<input type="checkbox"/> Daily <input type="checkbox"/> Periodic <input type="checkbox"/> Binge Use	
Date of last use of substance:	_____ mm/dd/yyyy	
Withdrawal potential:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SA Relapse Potential	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk	

**LEVEL OF FUNCTIONING**

Rate to reflect the Member's level of functioning as compared to same age peers.

- |                               |                            |
|-------------------------------|----------------------------|
| 1 - Not Applicable            | 3 - Limited impairment     |
| 2 - No impairment/Independent | 4 - Significant Impairment |

School-Youth or Work Adult	<input type="checkbox"/>	Activities of Daily Living**	<input type="checkbox"/>
Maintains Relationships	<input type="checkbox"/>	Interacts appropriately in social situations	<input type="checkbox"/>
Maintains Personal Safety	<input type="checkbox"/>	Ability to access community Services	<input type="checkbox"/>

\*\*If Activities of Daily Living rated 3 (Limited Impairment) or 4 (Significant Impairment) Check all that Apply:

<input type="checkbox"/> Nutritional Awareness	<input type="checkbox"/> Meal Preparation and Clean Up	<input type="checkbox"/> Personal Hygiene
<input type="checkbox"/> Childcare/Parenting	<input type="checkbox"/> Household Tasks/Care of Living Space	<input type="checkbox"/> Treat Minor Physical Problems

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**TREATMENT PLAN SUMMARY**

Indicate the areas that best describe the problems addressed in the Member's current treatment plan.

TX Plan Summary Two

- 1 = ADL Skill Building
- 2 = Interpersonal relations
- 3 = Maintaining ADL
- 4 = Maladaptive, antisocial behaviors
- 5 = No Additional Problems/Focus
- 6 = Physical Health

TX Plan Summary Three

- 7 = Psychiatric Symptoms
- 8 = Psychological Distress
- 9 = Self-injurious or suicidal behaviors
- 10 = Substance abuse behaviors
- 11 = Co-occurring MI/SA Symptoms
- 12 = Sexualized Behaviors

**LEVEL OF SUPPORT**

Evaluate available natural supports, Check all that apply:

- Family / Friends
- Self Help Network Involvement
- Peer-Oriented Services
- Recreation / Community Activities
- None Currently Available
- Other

<p><b>Indicate significant clinical issues addressed in treatment that are not presented in CareConnection®.</b>  <b>Include any justification of treatment needs to maintain functioning/symptom reduction if the Member is currently functioning well and/or is asymptomatic.</b></p>