



**Current and Provisional DSM-V Diagnosis (es)**

**Axis I:**

**Axis II:**

**Axis III:**

**Axis IV:**

**Axis V:**

**Symptoms/behaviors/risk factors:**

**School/Academic problems:** \_

**CD issues:**\_

**Legal issues/Is treatment court ordered? Yes/No** (If yes, send a copy of the court order & the mental health evaluation that it was based on.)

**Past treatment:**

**Present treatment/providers/medications:**

**If has a current provider, are they recommending in-home therapy? Yes/ No**

**Specific reasons why the care needs to be in the home and not in the office:**

**What is the desired outcome of in-home treatment?**

**How will you know that the member is ready to be seen in the office and no longer requires care in the home?**

**Has member had an of out-of-home placement in the past? Yes/ No If yes, When/Where:**

**Form completed by:**

**Date:**

**Phone:**