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19. IS THE SERVICING PROVIDER A PAR PROVIDER?

PAR NON-PAR, IF NON-PAR, PROVIDE REASONING FOR USING A NON-PAR PROVIDER:

SECTION 3 – DIAGNOSIS CODES AND SERVICE/HCPCS CODES

20. ICD 10/DSM-5 CODE(S):

21. CODE DESCRIPTION(S):

22. REQUESTED DATES OF SERVICE:

Start Date (MMDDYYYY):

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End Date (MMDDYYYY):

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23. *CPT/HCPCS/REV CODE(S):

24. CODE DESCRIPTION(S):

25. NUMBER OF UNITS or VISTS/FREQUENCY:

*Note: If you are unsure of the service code(s), include a description of the service in the "Code Description(s)" field.

SECTION 4 - MEDICATION HISTORY

26. PSYCHIATRIC MEDICATION HISTORY (Attach additional medication history, if needed.)

Medication	Dose Achieved	Duration	Results	Adverse Effects	Reason Discontinued

27. NON-PSYCHIATRIC MEDICATION HISTORY (Attach additional medication history, if needed.)

Medication	Dose Achieved	Duration	Results	Adverse Effects	Reason Discontinued

SECTION 5 – PHYSICAL HEALTH HISTORY

28. Known Medical Conditions:

29. Known Medication Allergies:

30. Pregnancy Status