

TREATMENT ASSESSMENT & AUTHORIZATION FOR ONGOING THERAPY

Physician: _____

Date: ____/____/____

Patient Name: _____

DOB: ____/____/____

Facility: _____

1. The patient named above has been receiving ongoing treatment intervention with Senior Connections. The current primary diagnosis for which the person has been receiving treatment is:

2. Treatment Assessment

Treatment was decreased or furloughed since the completion of the last treatment assessment	<input type="checkbox"/> Yes Result: _____ _____
	<input type="checkbox"/> No <input type="checkbox"/> Symptom severity did not warrant treatment decrease or furlough <input type="checkbox"/> Symptoms worsened when treatment decreased or furloughed in the past <input type="checkbox"/> Patient is currently at high risk for symptom recurrence without ongoing treatment (e.g. acute psychosocial stressors, Seasonal Affective Disorder, three or more prior episodes of Major Depressive Disorder, comorbid physical disease)

3. The patient's current GAF score: _____

100 - 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90 - 81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).
80 - 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational or school functioning (e.g., temporarily failing behind in schoolwork).
70 - 61	Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 - 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 - 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 - 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30 - 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20 - 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 - 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Inadequate information.

4. Patient has the cognitive capacity to benefit from ongoing therapeutic treatment.

Rationale for ongoing treatment: Continued symptom reduction expected
 Prevention of symptom recurrence (relapse)
 Necessary to maintain current functional status

5. Treatment Recommendation

- It is recommended that the patient receive ongoing psychotherapy to address current symptoms and/or prevent symptom recurrence. Ongoing psychotherapy will be provided ____ times per week for ____ minute sessions. The patient will be re-evaluated within six (6) months from the date of this order.
- Treatment will be titrated to the lowest frequency in accord with best practices and ethical standards of care, which prevents symptom recurrence and maintains functional status.
- Patient will be furloughed from treatment after two (2) months of being symptom free to assess the need for ongoing therapy unless clinically contraindicated.

 Print Name of Licensed Psychologist

 Signature of Licensed Psychologist

Physician's Instructions

As the patient's attending physician, I authorize long-term maintenance / stabilization treatment be provided by Senior Connections as recommended above.

 Physician's Signature

 Date