



Instructions

- A mental health professional may use this form to submit mental health notes.
BWC/managed care organizations (MCOs) will use this mental health notes summary as part of the management of the medical part of the claim.
Please print or type this report, and fax or mail it to the appropriate MCO.
To determine the appropriate MCO, ask the injured worker or employer, visit www.bwc.ohio.gov or call 1-800-644-6292, and listen to the options.
If the injured worker is employed by a self-insuring employer, complete this form, and mail or fax it to the self-insuring employer.
You can obtain additional copies of this form on www.bwc.ohio.gov or by calling 1-800-644-6292 and listening to the options.

Form with fields: Patient name, Claim number, BWC allowed condition(s) (DSM, IV, Axis) being treated, Period of treatment dates (From: To:), Treatment frequency and duration, Duration/Length (30 minutes, 1 hour, 1.5 hours, Other), Modalities.

Treatment section with checkboxes for Supportive, Cognitive behavioral, Psychodynamic, Medication, Other. Includes Medication prescription and monitoring, Symptoms during service (Anxiety, Depression, Mania behavioral, Disturbances, Psychotic, Organic, Substance use, Somatic, Dissociation, Sexual, Sleep, Impulse control, Retardation, Learning problems, Other), Prognosis (Good, Fair, Poor), Progress (No change, Worsened, Improved, Approaching complete, Complete, N/A-initial), and Plan/Goals (indicate barriers, if applicable): Attach additional sheet if necessary.

Functional status section with text: Please provide additional summary information regarding functional status and/or the ability to remain/return to work or any other information. Attach additional sheet if necessary.

Mental health provider name (please print or type), Mental health provider's signature, Date