



Behavioral Health Practitioner Medical Record Tip Sheet

Complete documentation and communication are essential to quality care. Please take a moment to review your documentation. Do your medical records contain the following?

DOCUMENTATION CHECKLIST

- Name
 - Date of visit
 - Length of session
 - List of presenting problems and mental status examination
 - Psychosocial, psychiatric, and medical history
-

PAST OR PRESENT

- high-risk thoughts, behaviors, and/or situations
- suicidal and homicidal ideation
- use of alcohol and other substances
- Safety/crisis plan for “patients at risk”
- If in substance abuse treatment, most recent date and result of routine breathalyzer, urine drug screen, or other toxicology test
- List of all prescriptions, including psychotropic medication
- If prescribed psychotropic medications, state date and name of prescribing psychiatrist, nurse practitioner, or primary care physician
- Was communication sent to primary care physician regarding this visit? List date and name of provider.
- Was communication sent to other behavioral health providers (e.g., social workers, psychiatrists, or psychologists)? List date and name(s) of provider(s).
- Treatment plan, including details on any psychosocial issues
- DSM-IV diagnosis(es)
- For children or adolescents, name of parent or guardian included in the session
- For children with ADHD, any psychiatric co-morbidities
- For children with ADHD, date of full evaluation, including an interview with the parents, information from school or daycare, and a review of family, medical, and social history
- For adults with depression, indicate that suicidal ideation assessment completed
- For adults with depression, any medical co-morbidities are identified
- If recently discharged from mental health inpatient stay, documentation of the inpatient admission and review of the discharge plan
- If recently discharged from mental health inpatient stay, describe safety/crisis plan
- If recently discharged from mental health inpatient stay, list any change in medication or therapy
- Provider signature and credentials