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