MH 655
Revised 12/11/12

BRIEF FOLLOW-UP MEDICATION SUPPORT SERVICE

(For use by MD/DO and NP and students of these disciplines)

Date: _____ **Rendering Provider Face-to-Face/Other Time* (Hrs:Mins):** _____

Procedure Code: ☐ **Office Visit: 99212** ☐ **Home Visit: 99347** ☐ **H2010 (telephone refill)** *All travel and documentation time must be recorded as "Other"

Chief Complaint /Client Goals:

Brief History of Present Illness/Problem:

Treatment Response/Medication Side Effects:

Adherence to Medication:

Mental Status:

Diagnosis: ☐ Diagnosis remains the same ☐ Diagnosis changed [complete Diagnosis Information Form (MH 501)]

Assessment/Intervention/Plan/Clinical Decision Making (Include explanation of changes in Plan and/or Medication):

Laboratory Tests Ordered: ☐ CBC ☐ LFT ☐ Electrolytes ☐ Lipids ☐ Glucose ☐ HgbA1C
☐ Tox Screen ☐ Med Levels ☐ TFTs ☐ Other/Details: _____

Medication(s) Prescribed: The Outpatient Medication Review Form (MH556) must be completed by the MD/DO/NP annually and any time a new medication is prescribed or resumed following a documented withdrawal of the medication.

Name	Dosage	Frequency	Route of Administration	Amount	# of Refills

☐ **Provided by the use of Telemental Health services. Client signed the Consent for Telemental Health Services and concerns were discussed.**
☐ **Continued** (Sign & complete information on **Medication Note Addendum**)

_____ _____ _____ _____
Signature & Discipline Date Co-signature & Discipline Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

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