



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 ohiobwc.com or call 1-800-OHIOBWC, 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 ohiobwc.com or by calling 1-800-OHIOBWC and listening to the options.

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
☐ Supportive ☐ Cognitive behavioral ☐ Psychodynamic ☐ Medication ☐ Other _____
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
Plan/Goals (indicate barriers, if applicable): Attach additional sheet if necessary.

Functional status
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