

TEXAS STAR Health
Health Passport Monthly Behavioral Health Update
 Phone: 1-877-391-5921
 Fax: 1-866-274-5952



<p><u>Member Information:</u> Name: Medicaid ID#: Date of Birth: DFPS level of care: <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Specialized <input type="checkbox"/> Intensive</p>	<p><u>Provider Information:</u> <input type="checkbox"/> Provider: <input type="checkbox"/> Group/Agency Name: Professional Degree: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other: Phone Number: Fax Number:</p>
<p><u>Current Placement:</u> <input type="checkbox"/> Shelter <input type="checkbox"/> Foster Home <input type="checkbox"/> Kinship placement <input type="checkbox"/> RTC If this member is in an RTC? Admission Date: Change in Placement since last update? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Child Permanency Plan (if known):</u> <input type="checkbox"/> Reunification with family <input type="checkbox"/> Remain in CPS Custody <input type="checkbox"/> Kinship placement <input type="checkbox"/> Adoption</p>	<p>Please indicate the type of service provided by YOU: <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Family Therapy <input type="checkbox"/> Group Therapy <input type="checkbox"/> In-home Therapy <input type="checkbox"/> Medication Management <input type="checkbox"/> Other: Frequency of visits/month: Date last seen:</p>
<p>Please indicate YOUR Diagnoses for this Member: Axis I: Axis II: Axis III: Axis IV: Axis V:</p>	<p>Any Changes to diagnoses since last update? <input type="checkbox"/> Yes <input type="checkbox"/> No Source of Changes: <input type="checkbox"/> New symptoms <input type="checkbox"/> Psychological testing <input type="checkbox"/> Hospitalization</p>
<p>Please document treatment goals and progress in the domains below</p>	
<p><u>Mood regulation/Self control/Response to trauma:</u> Goals: 1) 2) 3) What are the member's strengths and what supports are in place? Response to treatment: <input type="checkbox"/> Minimal <input type="checkbox"/> Improving <input type="checkbox"/> Moderate <input type="checkbox"/> Significant What is still needed to help this youth to be successful?</p>	
<p><u>Community stability/Social skills/Progress towards permanency plan:</u> Goals: 1) 2) 3) What are the member's strengths and what supports are in place? Response to treatment: <input type="checkbox"/> Minimal <input type="checkbox"/> Improving <input type="checkbox"/> Moderate <input type="checkbox"/> Significant Family Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Impact of family visits on treatment:</p>	
<p><u>Academic functioning:</u> Goals: 1) 2) 3) What are the member's strengths and what supports are in place? Response to treatment: <input type="checkbox"/> Minimal <input type="checkbox"/> Improving <input type="checkbox"/> Moderate <input type="checkbox"/> Significant What is still needed to help this youth to be successful?</p>	