



Halcyon Behavioral
 P.O. Box 25159
 Fresno, CA 93729-5159
 Admin Phone: (855)HBI-4HLP
 Member Phone: (888)425-4800
 Fax: (888)304-1429

PSYCHIATRIC TREATMENT REPORT

Patient Information:

Name: _____ Insurance ID: _____
 Date of Birth: _____

Diagnosis:

Current Symptoms (within past 3-4 weeks):

Recent Labs:

Current Medications (Note Changes):

Name	Dosage	Frequency	Date Started	Date Changed	Plan

Response to Medication:

Other Orders/Disposition:

Please include as an attachment any recent survey scores (e.g. PHQ-9, Ham-D 24, BPRS)

My signature below confirms the information provided is accurate and I am providing the requested services

Provider Signature: _____ Date: _____
 Prvider Name (Printed): _____ Phone/Fax: _____