



## PC3 - Initial Evaluation Report

Veteran's Name:		DoD ID/Benefits # or Sponsor SSN:	
Evaluation Date:		VA Auth Number:	
1. Veteran's Address:		2. Patient DOB: Age:	
2. City:		State: Zip:	
3. Telephone:		Telephone:	
4. Veteran's Service Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> USCG <input type="checkbox"/> Other			
5. Other Insurance: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify:			
6. Provider Name:		License Type:	
7. Provider Telephone:		Fax:	
8. Provider Address:			
City:		State: Zip:	
9. Provider TIN:		Provider NPI:	
10. DSM-V Diagnosis		11. Co-Occurring Medical Conditions (Relevant to Treatment)	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
12. First Appointment Date: _____.			
13. Has the patient had a psychiatric hospitalization in the last 90 days: <input type="checkbox"/> yes <input type="checkbox"/> no			
14. HISTORY OF PRESENTING PROBLEM:			

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<b>14. HISTORY OF PRESENTING PROBLEM CONT.:</b>	

<b>Veteran's Name:</b>	<b>DoD ID/Benefits # or Sponsor SSN:</b>
<b>Evaluation Date:</b>	<b>VA Auth Number:</b>
<b>15. SUICIDE/HOMICIDE RISK ASSESSMENT: (Use this section to assess the client's risk for suicidal and/or homicidal behavior, citing relevant history, access to means, current stressors, and both risk and protective factors. Problems and goals related to danger to self/danger to other, e.g., safety planning, should be addressed in the treatment plan.</b>	
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<b>16. TREATMENT PLAN (Please provide brief and succinct narrative of your treatment plan)</b>	
<u>Problems:</u> 1.	
2.	
3.	
<u>Goals:</u> 1.	
2.	
3.	
<u>Methods:</u>	
<u>Treatment:</u>	

Provider Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed form to: 1-866-284-3736 or Upload via the Provider Portal**

**Note:** HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services. Privacy Act Statement - This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations of this may be punishable by fines, imprisonment, or both.