Bureau of Workers' Compensation

Mental Health Notes Summary
(Non-Psychotherapy Note)

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 bwc.ohio.gov or call 1-800-644-6292, 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 bwc.ohio.gov or by calling 1-800-644-6292 and listening to the options.

Patient name	Claim number
BWC allowed condition(s) (DSM) being treated	
Period of treatment dates: From: _____ To: _____	Treatment frequency and duration
Length of session ☐ 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)	Provider NPI
Mental health provider's signature	Date