

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 <u>bwc.ohio.gov</u> 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 <u>bwc.ohio.gov</u> 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:	reatment frequency and duration			
From: To:				
Length of session \Box 30 minutes \Box 1 hour \Box 1.5 hours	Modalities			
Other				

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 D Other

Prognosis:
Good
Fair
Poor

Progress: No change	□ Worsened	□ Approaching complete	Complete	□ N/A-initial
no change				

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
BWC-3917 (Rev. Feb. 21, 2024)	•