

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Crisis Response North 268-7836 | <input type="checkbox"/> Dublin High School (925) 833-3300 |
| <input type="checkbox"/> Crisis Response South 667-4901 | <input type="checkbox"/> Guidance Clinic 667-3000 |
| <input type="checkbox"/> Alameda CSC 522-4668 | <input type="checkbox"/> La Clinica 535-4170 |
| <input type="checkbox"/> Asian CMHS 451-6729 | <input type="checkbox"/> La Familia 881-5921 |
| <input type="checkbox"/> BACS 272-4797 | <input type="checkbox"/> Oakland CSC 777-3800 |
| <input type="checkbox"/> Bonita House 923-0180 | <input type="checkbox"/> Tri-City CSC 795-2434 |
| <input type="checkbox"/> BOSS-North 465-0881 | <input type="checkbox"/> Valley CSC (925) 462-3010 |
| <input type="checkbox"/> BOSS-South 537-1413 | <input type="checkbox"/> West Oakland MH 465-1800 |
| <input type="checkbox"/> CONREP 667-3950 | <input type="checkbox"/> Woodroe Place 537-1688 |
| <input type="checkbox"/> Criminal Justice (925) 551-6740 | <input type="checkbox"/> Sausal Creek 437-2363 |
| <input type="checkbox"/> Eden CSC 667-7500 | |

PRINT PATIENT'S NAME:

BIRTHDATE:

SSN:

CL/INSYST #:

Address

Phone

PHYSICIAN NAME:

LICENSE & DEA #:

Patient: Medi-Cal Pvt. Insurance Self Pay **Medication:** Medi-Cal (covered) Non-Medi-Cal covered (over)
 No Payer Source Sensitive Service # Pt. Enrolled in MIA Program Non-formulary (over)

MEDICATION AND STRENGTH	AMT.#						
1							
2							
3							
4							
5							

Number of Medications Ordered: 1 2 3 4 5

Signature: _____ Date: _____

Patient's Initial BHCS Visit

NON-FORMULARY MEDICATION REQUEST/T.A.R. MEDICAL JUSTIFICATION FOR PHARMACIST
 (Must be completed for non-Medi-Cal covered medications)

1. Requested medication: _____
2. Diagnosis description: _____
3. ICD-9-CM Diagnosis Code (*Must match diagnosis description*): _____
4. Medical Justification:

Previous Medication Trials	Dosage/Frequency	Dates	Duration
1.			
2.			
3.			
Previous Medication	Documentation of Adverse Effect/Lack of Efficacy		
1.			
2.			
3.			

Clinical Update: _____

AIMS _____ PANSS _____ (neg subscale _____)