

Checklist for coordination of medical and behavioral health care

Individuals with co-occurring medical and behavioral health conditions often require care from multiple providers. CarePartners of Connecticut encourages all involved to share relevant clinical information with practitioners who are treating the same patients. Use this form to document communication with other providers and to share or request details that could assist in developing comprehensive care plans. Email or fax completed forms to the appropriate provider.

Patient name

Date of birth / / Date of appointment/service / /

Provider name

Phone Fax Email

Primary Care Physician N/A

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Psychiatrist/medication provider

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Neurologist

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Senior center social worker

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Elder Services case manager

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Behavioral health provider

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Release of information forms for patients can be found [here](#).

For additional information, please use the sheet on next page. —>

Thank you for partnering with CarePartners of Connecticut as we continue to help your patients navigate toward healthier lives!

