Cenpatico
Improving Lives.

TEXAS STAR Health
Health Passport Monthly Behavioral Health Update

866-439-2042
Fax: 866-274-5952

Member Information:
Name:
Medicaid ID#:
Date of Birth:
DFPS level of care:
☐Basic ☐Moderate ☐Specialized ☐Intensive

Current Placement:
☐Shelter ☐Foster Home ☐Kinship placement ☐RTC
If this member is in an RTC? Admission Date:
Change in Placement since last update? ☐Yes ☐No
Child Permanency Plan (if known):
☐Reunification with family ☐Remain in CPS Custody
☐Kinship placement ☐Adoption

Provider Information:
☐Provider:
☐Group/Agency Name:
Professional Degree: ☐MD ☐PhD ☐Other:
Phone Number:
Fax Number:

Please indicate the type of service provided by YOU:
☐Individual Therapy ☐Family Therapy ☐Group Therapy
☐In-home Therapy ☐Medication Management
☐ Other:
Frequency of visits/month:
Date last seen:

Please indicate YOUR Diagnoses for this Member:
AxisI:

Axis II:

Axis III:

Axis IV:

Axis V:

Any Changes to diagnoses since last update?
☐Yes ☐No

Source of Changes:
☐New symptoms ☐Psychological testing
☐Hospitalization

Please document treatment goals and progress in the domains below

Mood regulation/Self control/Response to trauma:
Goals:1)
2)
3)
What are the member's strengths and what supports are in place?

Response to treatment: ☐Minimal ☐Improving ☐Moderate ☐Significant
What is still needed to help this youth to be successful?

Community stability/Social skills/Progress towards permanency plan:
Goals:1)
2)
3)
What are the member's strengths and what supports are in place?

Response to treatment: ☐Minimal ☐Improving ☐Moderate ☐Significant
Family Contact: ☐Yes ☐No
Impact of family visits on treatment:

Academic functioning:
Goals:1)
2)
3)
What are the member's strengths and what supports are in place?

Response to treatment: ☐Minimal ☐Improving ☐Moderate ☐Significant
What is still needed to help this youth to be successful?