



Psychotherapy (PhD/PsyD/LCSW/MFT) Treatment and Communication Form

Treatment request forms must be submitted for authorizations and must be completed in its entirety otherwise it will be deemed incomplete. Requests will be processed as a standard request; unless specified as URGENT (circle here & document). All urgent requests require telephonic notification to 1-888-738-7172 upon submission of this form.

Practitioner Information	
Name and Licensure:	
Address	
State/City/Zip:	
Phone #	
Fax #	
Email:	

Patient Information	
Name (Last, First)	
Date of Birth	
Insurance	
Phone #	

Patient Primary Care Provider (PCP) Information	
PCP Name (Last, First)	
PCP Fax #	

Type of therapy to be provided:

Patient is compliant: Yes No (if no please explain): _

DSM-5 Diagnoses:

Axis I: Alpha-Numeric Code: _____ Description: _____

Axis I: Alpha-Numeric Code: _____ Description: _____

Axis I: Alpha-Numeric Code: _____ Description: _____

Change in Diagnosis from prior visit: Yes No

Revised Diagnosis:



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Treatment Request:

Windstone will authorize up to eight sessions per request. Progress notes need to be submitted after the 8th session with the treatment form for additional authorized services. If progress notes are not submitted, the treatment request form will be deemed incomplete.

CPT Code/Service *	Sessions Requested	Frequency
*Practitioners are only to request codes listed in contractual agreement.		

Patient has signed release of information to PCP and this form may be forwarded to PCP? Yes No

Practitioner's Initials: _____

If patient does not wish to release information to PCP, patient signature is required:

Please fax this form to (714) 644-8244

This document will be submitted to PCP in accordance with Windstone policies and procedures.

Practitioner's Signature: _____ Date: _____

The use of this form is for PCP communication only when requesting additional sessions