

# OUTPATIENT TREATMENT REPORT (OTR)



Virginia Premier Health Plan, Inc.  
 Richmond/Western: PO Box 5307 Richmond, VA 23220-0307 Fax 804-819-1727 or 877-689-2276  
 Roanoke: PO Box 1751 Roanoke, VA 24008-1751 Fax 540-344-8007 or 800-827-7192  
 Tidewater: PO Box 62347 Virginia Beach, VA 23466 Fax 757-466-1133

<b>DATE OF REPORT:</b>	<b>Check one:</b> <b>Initial OTR</b> <input type="checkbox"/>	<b>Subsequent OTR</b> <input type="checkbox"/>
------------------------	---	--

**I. Patient Demographics:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid # \_\_\_\_\_

Date(s) of TX since last OTR: \_\_\_\_\_

**II. INITIAL:** Presenting Problems/Precipitants/Criteria to Justify Dx // **SUBSEQUENT REVIEWS:** Current Pxs & Case Progress:

➤ **NOTE: Add'l documentation may be attached to this OTR to demonstrate progress in TX / justify the need for cont'd TX.**

---

---

---

---

---

---

---

---

**III: Relevant HX / Previous TX / Substance Abuse Issues:**

---

---

---

---

---

**IV: DSM IV DX & Code# required for each DX. Please complete ALL five (5) Axes & Note changes on subsequent reviews.**

Axis 1a:	Axis 2:	Axis 4:
Axis 1b:	Axis 3:	Axis 5:                      (Currently)                      (Past Year)

**V: Current Psychotropic Medications & Prescribing MD:**

**MD:** \_\_\_\_\_

	Drug Name	Dosage	Frequency
1.			
2.			
3.			

	Drug Name	Dosage	Frequency
3.			
4.			
5.			

**VI: Short-Term Goals for the next 6 months:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**VII: Number of TX sessions over next 6 months & TYPE:** I/T, F/T and/or G/T: \_\_\_\_\_ **Frequency of Visits:** \_\_\_\_\_

Clinician's Name & Title \_\_\_\_\_ (please print) \_\_\_\_\_ (Provider's signature)

Provider group or agency: \_\_\_\_\_

Provider's Address: \_\_\_\_\_ (#) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Provider's Phone: ( ) \_\_\_\_\_ (area code) \_\_\_\_\_ (phone #)      Provider's Fax: ( ) \_\_\_\_\_ (area code) \_\_\_\_\_ (phone #)

➤ **Certain situations trigger a focused review of the medical necessity of care. The treatment plan may require additional data to assure that care is medically necessary.**