KPEP Kaiser Permanente Couples Counseling Referral

E-mail Completed form to: scal-bh-panel@kp.org

<u>Please note:</u> If the patient is in individual treatment and the need for couples or family therapy arises, <u>the same therapist</u> may provide the couples or family therapy sessions unless there is a <u>clinical rationale</u> for how this is contraindicated. Referral to a second provider for the purposes of couples or family therapy should only be made if remaining with current therapist is clinically contraindicated.

Date of Refer	ral:				
Patient Name:		MRN:	MRN:		
DOB:		Best num	ber to reach patient:		
Medical cente	er area of Patient:				
Reason for re	ferral for couples o	counseling/Clinical rati	onale for referring to a c	different provider:	
Diagnosis:					
Most Recent	TPI scores:				
ВНІ	GAD	PHQ9	CSSRS		
Clinical Consi	derations <u>before</u> re	eferring or initiating Co	ouples Counseling (check	mark those that are "yes"):	
	Initial Assessmen	it has been completed	on Tridiuum		
	Is it clinically indi goals?	cated for spouse/fami	ly member to be include	d in session to achieve patient's	
	Is individual treatindividual and co	•	e? If so, explain clinical i	rationale for providing both	
	Has a collateral/f	amily session been inc	cluded in patient's currer	nt episode of care?	
			Couples Counseling refe		
	Would couple be	interested in a time li	mited group workshop r	ather than counseling?	

If the answer is "Yes" to the following, then couples therapy is likely not indicated:

	l Is there Intimate Partner Violence -physical, verbal, emotional?			
	Is there ongoing affair(s) that one or both partners are unwilling to end?			
	Is there Mental health disorder better addressed in individual therapy (i.e., bipolar disorder)			
	Current drug and alcohol use, impairing patients/spouse ability to function well			
Referring pro	ovider:			
Grou	p Practice (if applicable):			
Phon	Phone number:			
E-mai	il address:			