



FEP PSYCHIATRIC OUTPATIENT CERTIFICATION FORM

Fax the signed and completed form to: 205-220-0942 or 1-866-613-0942 (toll free).

Form containing sections: Patient Information, Provider Information, Risk Assessment / Patient Clinical Information, Medications. Includes fields for Name, Date, NPI, Address, and various clinical checkboxes.

Treatment Information

Treatment / Medication Compliance Issues *(please describe)*

Individual Therapy Group Therapy Family Therapy Medication Management Electroconvulsive Therapy (ECT) Substance Abuse

Other *(Please Describe)*

Please give a brief description of treatment goals, including target dates:

Other Concerns
(please describe)



I certify this information
is complete and correct to the
best of my knowledge.

Signature

Title

Date