

<i>BHC Name</i> , Behavioral Health Consultant Phone: (xxx) xxx-xxxx Family Practice, <i>Clinic Name</i>							
Plan:							
Week 1	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
1.							
Week 2	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
2.							
Notes:							

Please return on Date for a follow-up visit with BHC/PCP Name

Figure 9.8. Example of a behavioral health prescription pad.

Figure 9.7. Functional analysis questions.