

C3 Presentation Guidelines

To request a consultation slot email shunker@mvbcn.org

****This form is for Provider use only, to guide your case presentation. Address only the clinically relevant questions. This form should not be submitted to BCN****

Member name and age:

What is the clinical question/questions to be answered? Try to be as specific as possible, but just “help” is ok too.

Demographics/Identifying information: (Living situation, ethnicity, religion, gender)

Team members: (PCP, D&A, DD, Education, DHS, Criminal justice etc)

Member strengths & natural supports: (Friends, supportive family, faith community, clubs)

Family history: (behavioral health history, family history impacting current situation, DHS involvement)

Pertinent Social Determinants: (Homelessness, food scarcity, English as a second language etc)

History of Presenting Problem: (previous providers, higher levels of care, testing, ED visits)

Pertinent contributing medical issues:

Working Diagnoses:

Medications: (may also include past medication history if significant)

Contributing Substance use issues: (include SUD treatment)

Social/developmental History: (including educational issues)

What’s worked so far?