

St. Clair County Community Mental Health Authority

Prescriber Case Consultation Request

Complete this form in its entirety to be considered for a Prescriber Case Consultation appointment with **Dr. Moore**. Consultations will be scheduled on Tuesdays and Thursdays from approx. 10:00-11:00 am, **appointments are limited**.

Please provide as much detail in the "**Reason for Requesting Consultation**" section to help **Dr. Moore** in the selection process.

Once completed, forward the form to the Prescriber Liaison (**Stacie Hammond Ext. 3703**) for review/submission to Dr. Moore. **The Prescriber Liaison will contact the Case Holder to schedule an appointment if the case is selected.**

Priority for the selection of case consultation will be for cases where the individual is presenting with both Mental Health treatment needs as well as physical health concerns.

Case Holder: _____ Date: _____

Case Holder Phone/Email: _____

Program: _____ Supervisor: _____

Supervisor Phone/Email: _____

Case # of individual: _____ DoB: _____

Primary Diagnosis (List all if applicable): _____

Identify Physical/Medical Concerns: _____

Medications individual is taking (for MH and Physical Health): _____

Current substance use: _____

Reason for Requesting Consultation (What makes this case unique and challenging? Are there any medical symptoms complicating care? What specifically can Dr. Moore help with? Etc.):
