**SCHEDULING FORM**

**GROUPS:**

* \*No Change in Groups\*
* Behavioral Health 101
* CBT-Depression
* Cognitive Processing Therapy
* CBT-Insomnia
* CBT-Anxiety
* Stress Management
* Anger Management
* Process Group

**OTHER Follow-Up:**

* Schedule for follow-up in weeks
* Schedule with Psychiatrist

**Circle the Measures:**

**PCL-5 PHQ-8/PHQ-9 GAD-7 ISI AUDIT-C BASIS-24 C-SSRS**

Provider:

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Provider:

**PLEASE SCHEDULE WITH THE FRONT DESK:**

**Group Dates/Times:**

**Next Appointment:**

**Crisis Response Procedures:**

* Call or present to the Behavioral Health Clinic during duty hours XXX-XXX-XXXX
* Call or present to closest ED XXX-XXX-XXXX
* Call 911 or crisis hotline (1-800-273-TALK) after duty hours
* Call chaplain XXX-XXX-XXXX
* Call Command Post XXX-XXX-XXXX during or after duty hours

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