

PMHNP Collaboration with Primary Care Physician

The PMHNP will complete the following questions as asked to the Primary Care Collaborative Physician:

Which of the following Psychiatric/Mental Health Issues do you treat in your practice?

Anxiety Yes No

Depression Yes No

Bipolar Yes No

ADHD Yes No

Psychosis Yes No

Schizophrenia Yes No

Narcolepsy Yes No

Substance Use Disorder Yes No

Other _____

Do you prescribe SSRI/SNRI/Other antidepressant medications? Yes/No

Do you prescribe non-controlled anti-anxiety medications? Yes/No

Do you prescribe short-term controlled anti-anxiety medications? Yes/No

Do you prescribe mood stabilizers (created as seizure medications)? Yes/No

Do you prescribe typical (older) antipsychotic medications? Yes/No

Do you prescribe atypical (newer) antipsychotic medications? Yes/No

Do you prescribe non-controlled ADHD medications? Yes/No

Do you prescribe controlled ADHD medications? Yes/No

Do you prescribe controlled narcolepsy medications (Modafinil, etc.)? Yes/No

Do you adhere to required drug testing requirements? Yes/No

Do you adhere to required laboratory tests for medications which require them? Yes/No

Would you be willing to collaborate with a PMHNP in some way? Yes/No

The PMHNP and physician would agree upon what was allowed in the collaborative agreement. The APRN would be limited to the same psychiatric diagnoses as the Primary Care Physician actively treats in his/her practice

The PMHNP/Collaborative Physician collaborative agreement and this form must be uploaded to the BON gateway portal. The practice site, collaborative physician and collaborative agreement must be APPROVED before beginning practice

Primary Care Collaborative Physician (Date)

PMHNP (Date)

