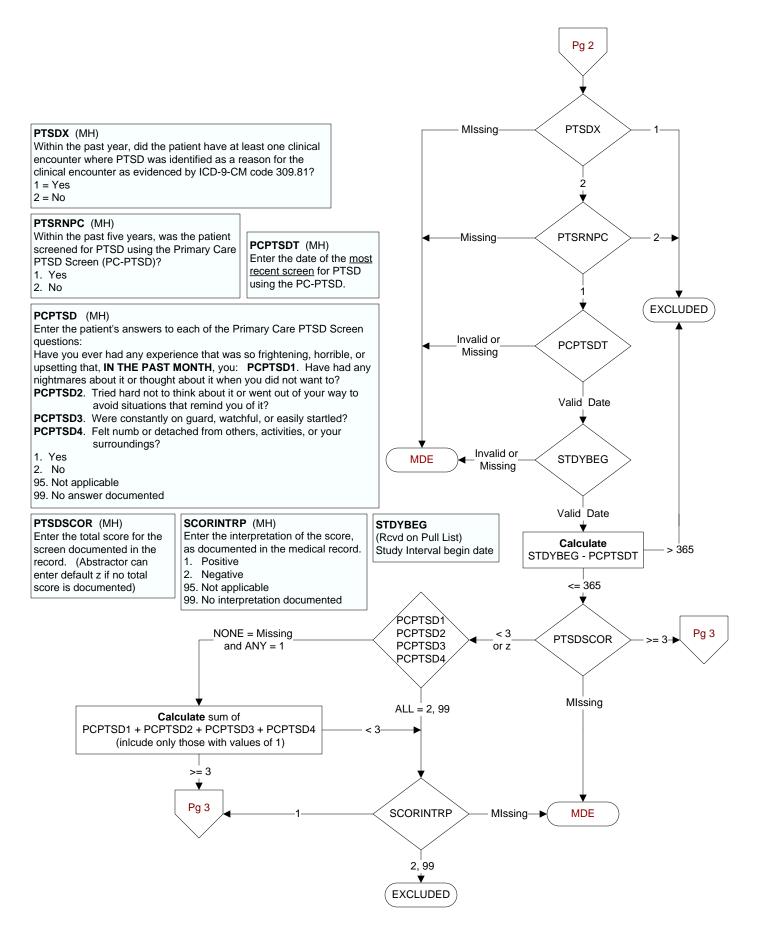


(data error)

Pg 2



PTSDEVAL (MH)

Following the positive PC-PTSD screen, did the provider document the patient needed further intervention for PTSD?

- 1. Yes, documented further intervention needed
- 2. Documented no further intervention needed 99. No documentation regarding further intervention

NOPTSINT (MH)

Did the provider document the patient refused further evaluation/treatment for PTSD?

- 1. Yes
- 2. No

PTSDCARE (MH)

Did the provider document the patient was already receiving recommended care for PTSD?

- 1. Yes
- 2. No

OUTPTSD (MH)

Did the provider document the patient was to receive care for PTSD outside this VA?

- 1. Yes
- 2. No

PTSDMHEVL (MH)

Following the positive PC-PTSD screen, did the provider document that the patient needed a mental health evaluation?

- 1. Yes, mental health evaluation needed
- No mental health evaluation needed
 No documentation regarding mental health

PCPTSDFO (MH)

Did the provider document that the patient will follow-up with a primary care provider for the positive PC-PTSD screen?

1. Yes

evaluation

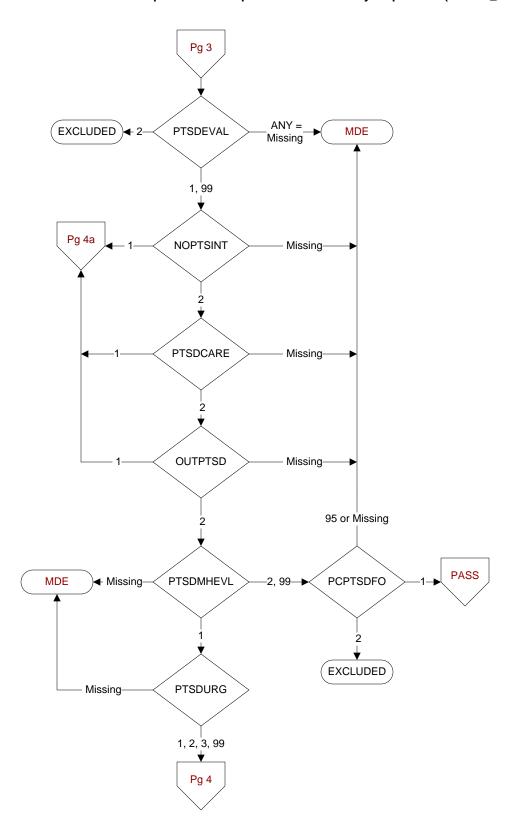
- 2. No
- 95. Not applicable

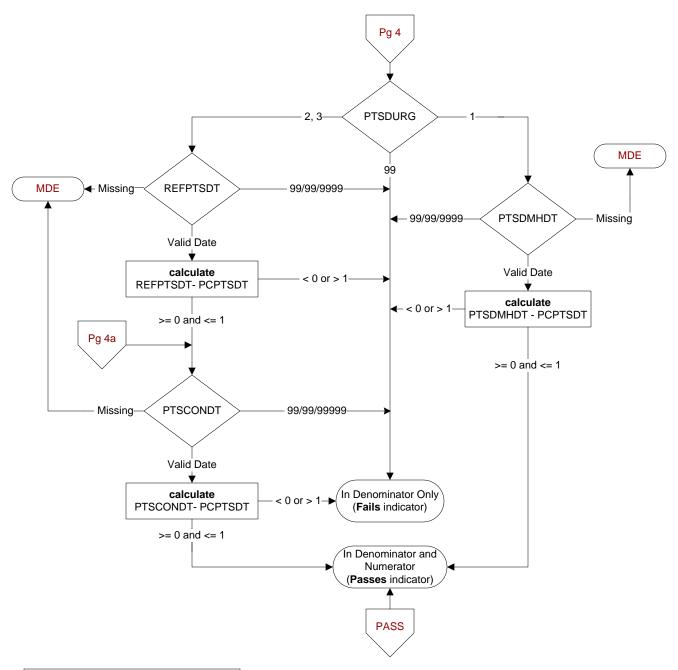
PTSDURG (MH)

Following the positive PTSD screen, did the provider document the urgency of the mental health evaluation?

- Immediate/emergent mental health evaluation needed
- 2. Urgent mental health evaluation needed
- 3. Non-urgent mental health evaluation needed

99. No documentation of urgency of care





REFPTSDT (MH)

Enter the date the mental health consult was placed.

PTSDMHDT (MH)

Enter the date the patient was <u>emergently</u> transferred to mental health care services.

PTSCONDT (MH)

Enter the date the licensed independent provider documented that contact information was provided to the patient.