

# INITIAL CONTACT REPORT

COMMUNITY TREATMENT SERVICES

John Doe

1980-05-15

FEDERAL BUREAU OF PRISONS  
U.S. DEPARTMENT OF JUSTICE

Male

This documents and notifies Community Treatment Services staff of initial face-to-face contact (555) 123-4567 the inmate.john.doe@example.com

**TREATMENT PROVIDER/AGENCY:** Transitional Care Management, LLP

Dallas Address: 15400 Knoll Trail Drive TX 75201

City/State/Zip: Dallas, TX

Jane Doe Telephone: 737-242-6826 (555) 987-6543

Fax: 512-872-5336

**INMATE NAME:** Blue Cross Blue Shield

**DATE OF INITIAL CONTACT:** ABC123456789

REG. NO.:

2025-12-01 10:00 AM Initial Consultation  
If the contact was made more than ten (10) calendar days after the date treatment was authorized to begin on the referral form, please detail below the reason.

Dr. Sarah Smith

## REASON INITIAL CONTACT IS LATE:

Persistent headaches and difficulty sleeping

Patient reports recurring headaches over the past 3 months, primarily in the evening. Also experiencing difficulty falling asleep.

Was the BP-A0528 Authorization for Release of Information

(ROI) form completed prior to or during the initial contact?

Yes  No

Was the BP-A0750 Agreement to Participate in Community Treatment

Hypertension (controlled), No known allergies (Informed Consent) form completed during the initial contact?

Yes  No

Were the completed ROI and Informed Consent forms forwarded to

Community Treatment Services Staff with this Initial Contact?

Yes  No

**Treatment Provider:**

Lisnopin 10mg daily

**Signature:**



**Date:**

\_\_\_\_\_

**PRINT Name:** Lauren Herraiz

2025-12-01