INITIAL CONTACT REPORT

COMMUNITY TREATMENT SERVICES

FEDERAL BUREAU OF PRISONS
U.S. DEPARTMENT OF JUSTICE

John Doe 1980-05-15 Male

This documents and notifies Community Treatment Services staff of initial face-to-face contact with the inmate.

(555) 123-4567 john.doe@example.com

123 Main St Apt A

TREATMENT PROVIDER/AGENCY: Transitional Care Management, LLP

Dallas **Address:** TX 75201

City/State/Zip: Fort Worth, TX

Jane Doe **Telephone:** 512-423-0808 (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 (Informed Consent) form completed during the initial contact? ☒ Yes ☐ No

Hypertension (controlled). No known allergies

Were the completed ROI and Informed Consent forms forwarded to Community Treatment Services Staff with this Initial Contact? ☒ Yes ☐ No

Treatment Provider Signature: Lisinopril 10mg daily	**Date:** _____
PRINT Name: **Lauren Herraiz**	

2025-12-01