

PO Box 6644 Jefferson City, MO 65102 Phone (573) 634-7309 Fax (573) 634-7317 bock.missouri@bock-associates.com

PASRR Medical Record Request

DATE:	
то:	
ATTN:	
CC:	
FROM:	
RE:	
The above individual has been referred to Bock Associate of Mental Health as required by State and Federal Regulat	s for a PASRR Level II Evaluation under contractor with the Missouri Department tions (42 CFR 483.100).
 Psychological Evaluation and/or IQ Testing/Resul Most Recent Individual Support Plan (ISP) if a cur Most Recent Behavioral Support Plan (BSP) if app 	rent DMH Consumer blicable and a current DMH/DD Consumer sk Screening Tool if applicable and a current DMH/DD Consumer
Please send requested records by fax to (5)	73)634-7317 or email to bock.missouri@bock-associates.com
Your prompt assistance is appreciated. If you have any qu	uestions or concerns, please contact Bock Associates at (573)634-7309.
If the individual is a current DMH/DD consumer, please in	dicate:
Service Coordinator:	Phone:
named above. If the reader of this transmission is not the into	d and confidential information intended only for the use of the individual or entity ended recipient, you are hereby notified that any dissemination, distribution, or received this transmission in error, please immediately notify Bock Associates by
Date Records Received by Bock Associates:	