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| --- | --- | --- | --- | --- |
| **Client Name:** | |  | **Client Phone:** | Click here to enter text. |
| **Client DOB:** | | Click here to enter text. | **Case Number:** | Click here to enter text. |
| **Referring Worker:** | | Click here to enter text. | **Supervisor:** | Click here to enter text. |
| **Phone:** | | Click here to enter text. | **Therapist:** | Click here to enter text. |
| **Reporting Period:** | | **Start:**Click here to enter text. | **End:**Click here to enter text. | |
|  | | **Appointment Dates:**Click here to enter text. | | |
| **Appearance** | |
|  | WNL |
|  | Unkempt | **Dates attended and participation level:**Click here to enter text. | | |
|  | Dirty |
|  | Meticulous |
| **Speech** | | **Clinical Impressions:**Click here to enter text. | | |
|  | WNL |
|  | Pressured |
|  | Poverty of |
|  | Impaired | **Behavioral Observations:**Click here to enter text. | | |
|  | Slow |
| **Mood/Affect** | |
|  | WNL | **Treatment Goal(s) Addressed:**Click here to enter text. | | |
|  | Flat |
|  | Depressed |
|  | Manic | **Verbal consult with MDHHS case manager: Yes No N/A** | | |
|  | Anxious | **Parental Participation? If so, describe level and benefit, if any:**Click here to enter text. | | |
|  | Fearful |
|  | Irritable |
|  | Angry | **Danger to self or others? If yes, describe danger and interventions:**Click here to enter text. | | |
|  | Labile |
|  | Incongruent |
| **Cognition** | |
|  | WNL | **Assessment:**Click here to enter text. | | |
|  | Loose Assoc. |
|  | Scattered |
|  | Blocked |
|  | Illogical | **Recommendations/Plan:**Click here to enter text. | | |
|  | Delusional |
|  | Paranoid |
|  | Hallucinations |
|  | Grandiose | **Signature**Click here to enter text. | | **Date**Click here to enter a date. |
|  | Obsessions |
|  | Dissociative |