

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |