

DATE: \_\_\_\_\_

WHERE STAYED? \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_

S: PRESENTING PROBLEM(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

O: APPEARANCE: APPROPRIATE / INAPPROPRIATE  
 ATTITUDE: COOPERATIVE / UNCOOPERATIVE / GUARDED / HOSTILE  
 SPEECH: NORMAL / SLOW / PRESSURED / RAPID / SLURRED  
 MOOD: NEUTRAL / DYSPHORIC / ANXIOUS / ANGRY / IRRITABLE / EUPHORIC  
 AFFECT: APPROPRIATE / FLAT / LABILE / INAPPROPRIATE  
 THOUGHT PROCESS: GOAL DIRECTED / TANGENTIAL / PERSEVERATIVE / ILLOGICAL / LOOSENING OF ASSOCIATIONS  
 MEMORY: INTACT / IMPAIRED  
 JUDGEMENT: GOOD / FAIR / POOR  
 DOCUMENTS PRESENTED / OTHER: \_\_\_\_\_

A: BENEFITS STATUS:

	CURRENT	PENDING	COMMENTS: _____
TEMHA			
SSI/SSDI			
F.S.			
PA			
MA			
BUS PASS			

HOUSING STATUS/PLAN: HOUSED?  YES  NO

HABC PENDING?  YES  NO

GOALS: \_\_\_\_\_

ADHERENCE ISSUES: CHRONIC SUBSTANCE ABUSE?  YES  NO

CHRONIC MENTAL ILLNESS?  YES  NO

DEVELOPMENT DELAY?  YES  NO

OTHER: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

NEEDS ASSOCIATED WITH DIAGNOSIS: \_\_\_\_\_

TRANSITION ISSUE: NEW CLIENT / NOT HOUSED / UNSTABLE / IN TREATMENT / TRANSITION IN PROGRESS

OTHER: \_\_\_\_\_

CLIENT LAST NAME: \_\_\_\_\_

FIRST: \_\_\_\_\_

HCH#: \_\_\_\_\_

P: BENEFITS: STABLE / NO ACTION / OTHER: \_\_\_\_\_  
\_\_\_\_\_

HOUSING: STABLE / NO ACTION / OTHER: \_\_\_\_\_  
\_\_\_\_\_

ADHERENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER PROBLEM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEXT APPT: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED PROVIDER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
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