

**Service:** Choose an item.

**Client Information**

|  |  |
| --- | --- |
| **Name:**  | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Address:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Living Arrangement:** Choose an item. |
| **DOB:**  | Click or tap to enter a date. | **Ethnicity:** | Choose an item. | **Gender:** | Choose an item. |
| **Caregiver/Legal Guardian Name:** | Click or tap here to enter text. |

**Parent Information**

|  |  |
| --- | --- |
| **Father:** | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| DOB:  | Click or tap to enter a date. | Ethnicity: | Choose an item. |
| **Mother:**  | Click or tap here to enter text. |
| Phone:  | Click or tap here to enter text. |
| Address:  | Click or tap here to enter text. |
| DOB:  | Click or tap to enter a date. | Ethnicity: | Choose an item. |

**School Information**

|  |  |
| --- | --- |
| **Name:**  | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Address:**  | Click or tap here to enter text. |
|  | Click or tap here to enter text. | **Teacher:** Click or tap here to enter text. |

**Referring Worker Information**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **District:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Fax:** | Click or tap here to enter text. |

**Case Worker Information**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Organization:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Fax:** | Click or tap here to enter text. |

**Funding Information – Below is confirmed and approved**

|  |  |
| --- | --- |
| **Funding Source:** | Click or tap here to enter text. |
| **Dates of Service:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Hours per Month:** | Click or tap here to enter text. |
| **FAPT Date:** | Click or tap here to enter text. | **Time:** Click or tap here to enter text. |

**Match Specifications**:

|  |  |
| --- | --- |
| **Gender:** | Choose an item. |
| Client interests: Click or tap here to enter text. |
| Additional Notes: Click or tap here to enter text. |

**Current/Past Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Service* | *Provider* | *Worker* | *Contact* |
| *1* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *2* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *3* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *4* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *5* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Current Diagnosis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Start Date*** | ***DSM Code*** | ***DSM Diagnosis*** | ***Medication*** | ***Dosage*** |
| Click to enter date | Click Here |  | [ ] : Click or tap here to enter text. | Click Here |
| Click to enter date | Click Here | Click or tap here to enter text. | [ ] : Click or tap here to enter text. | Click Here |
| Click to enter date | Click Here | Click or tap here to enter text. | [ ] : Click or tap here to enter text. | Click Here |
| Click to enter date | Click Here | Click or tap here to enter text. | [ ] : Click or tap here to enter text. | Click Here |

***Presenting Problem***

|  |
| --- |
| *Describe client needs*: Click or tap here to enter text. |
| *List Behaviors (frequency, intensity and duration):* Click or tap here to enter text. |
|

|  |
| --- |
| *Check Applicable* |

[ ]  **AWOL**[ ]  **Risk of Harming Self or Other**[ ]  **Self-Mutilation**[ ]  **Fall Risk** | [ ]  **Communication Needs**[ ]  **Mobility/Adaptive Equipment**[ ]  **Communicable Diseases**[ ]  **Nutritional Needs** |
| *Please note triggers, supports and known coping strategies:*Click or tap here to enter text. |

**Please mark checkboxes for information that can be provided:**

[ ] Most recent FAPT summary

[ ] Client Pre-Admission Assessment with Referral Form

[ ] Client Social History

[ ] Psychological/Psychiatric Evaluation

[ ] Authorization for funding (DSS Letter or DJJ Purchase Order)

[ ] Yasi\* *(Required for DJJ cases)*