

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

DOB: \_\_\_\_\_

---

**I. Presenting Problem:** (who requested service & what precipitated referral)

\_\_\_\_\_

**II. Evaluation:** (brief demographic statement, observation of current behavior, client's report of precipitating events, Hx of SA,SI, Psych IP/OP and Past Diagnosis, Hx of Substance Abuse, Legal Hx – violent acts, WATCH RESULT, supports/strengths/resources, information from collateral contacts)

\_\_\_\_\_

Less Restrictive Attempts: \_\_\_\_\_

Collateral Contact Information: \_\_\_\_\_

**III. Clinical Impressions:** (interpretation of all available information, including all known risk and protective factors, reasons LR options are not appropriate)

\_\_\_\_\_

**IV. Action Plan:** (intervention regarding identified risks, referrals, disposition [with whom, when], follow-up)

\_\_\_\_\_

\_\_\_\_\_  
Clinician Signature/Degree/Specialty/ID

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

DOB: \_\_\_\_\_

---

ADDITIONAL NARRATIVE INFORMATION:

\_\_\_\_\_

\_\_\_\_\_  
Clinician Signature/Degree/Specialty/ID

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

DOB: \_\_\_\_\_

---