Form 1 (continued)

FACE SHEET < adult, individual >

Side 2: Service Data < mental health >

Print or type. Mark as many as apply.

DSM Diagnoses

1.

2.

3.

4.

Source of Referral/Request

( ) Self ( ) Attorney ( ) School

( ) Personal network ( ) Court ( ) Employer

( ) Physician ( ) Police ( ) Clergy

( ) Psychologist ( ) Social worker ( ) Other

( ) Outreach

(specify agency) (specify)

Contact with Referral Source

( ) Yes, they initiated

( ) Yes, we initiated

( ) No

Reason for Referral/Request

( ) Depression/suicidal

( ) Anxiety/stress

( ) CMI/thought disorder

( ) Antisocial behavior

( ) Substance use/abuse

( ) Psychotic episode

( ) Situational crisis

( ) Information/referral

( ) Medication

( ) Developmental disability

( ) Mental retardation

( ) Education problems

( ) Employment problems

( ) Physical disease/disability

( ) Financial difficulties

( ) Interpersonal difficulties

( ) Other

(specify)

Services Planned

( ) Information/referral

( ) Assessment

( ) Medication

( ) Education

( ) Inpatient/milieu

( ) Day care—sustaining care

( ) Detox/substance program

( ) Sheltered workshop

( ) Other

(specify)

( ) Individual counseling

( ) Family counseling

( ) Couple counseling

( ) Group counseling

( ) Crisis intervention

( ) Residential placement

( ) Early childhood stimulation

( ) Employment placement

Service Review	Plan Approval	
(case opened/reopened)	(signature, recipient)	(date)
(dates of previous service)	(signature, guardian)	(date)
(previous primary provider)	(signature, primary provider)	(date)