1 - Office	4 - Home	8 - Correctional Facility	11 - Faith-based	14 - Client's Job Site	17 - Non-Traditional	20 - Telehealth
2 - Field	5 - School	9 - Inpatient	12 - Health Care	15 - Adult Residential	18 - Other	21 - Unknown
3 - Phone	6 - Satellite Clinic	10 - Homeless	13 - Age-Specific	16 - Mobile Service	19 - Children's Residential	

DATE:	_____	BILLING TIME:	_____	LOCATION:	_____	SERVICE TYPE:	_____	PREFERRED LANGUAGE:	_____
DATE:	_____	BILLING TIME:	_____	LOCATION:	_____	SERVICE TYPE:	_____	PREFERRED LANGUAGE:	_____
DATE:	_____	BILLING TIME:	_____	LOCATION:	_____	SERVICE TYPE:	_____	PREFERRED LANGUAGE:	_____

Gender: ☐ M ☐ F **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐ Lives In/With: _____

Age: ☐ Under 6 Y/O[1] ☐ Over 15 Y/O[2]

NOTE: Shaded items with superscripts trigger CANS-SB Module. Completion of triggered CANS-SB Modules is required.

Person giving treatment consent: ☐ Parent(s) ☐ Guardian ☐ CFS ☐ Court ☐ Self ☐ Other _____

Referral source: ☐ Person(s) child is living with ☐ School ☐ CFS ☐ Court ☐ Probation ☐ Access Unit ☐ Health Plan ☐ Self

Other agencies/providers client is involved with: ☐ None

Sources of information: ☐ Minor ☐ Caregiver ☐ Other: *(name, role)* _____

PRESENTING PROBLEM / HISTORY OF CURRENT PROBLEMS

Include significant problems with regard to daily living, such as with responsibilities, social relations, living arrangement, mental health and physical health. Include cultural explanations if these are important to the client.

Motives for services / What does client really want from services?

What do caregivers really want from services?

Why is client coming for help now?

REFER TO CANS-SB MANUAL FOR DETAILED SCORING INFORMATION

KEY

- **0 = NO EVIDENCE TO BELIEVE ITEM REQUIRES ANY ACTION**
- **1 = NEEDS WATCHFUL WAITING, MONITORING OR POSSIBLY PREVENTIVE ATION**
- **2 = NEEDS ACTION. STRATEGY NEEDED TO ADDRESS PROBLEM/NEED**
- **3 = NEEDS IMMEDIATE/INTENSIVE ACTION. IMMEDIATE SAFETY CONCERN/PRIORITY FOR INTERVENTION**

BEHAVIORAL/EMOTIONAL NEEDS

	0	1	2	3		0	1	2	3
Psychosis (Thought Disorder)	☐	☐	☐	☐	Attachment Difficulties	☐	☐	☐	☐
Impulsivity/Hyperactivity	☐	☐	☐	☐	Anger Control	☐	☐	☐	☐
Depression	☐	☐	☐	☐	Eating Disturbances*	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	Emotional/Physical Dysregulation*	☐	☐	☐	☐
Mania*	☐	☐	☐	☐	Behavioral Regressions*	☐	☐	☐	☐
Oppositional	☐	☐	☐	☐	Somatization*	☐	☐	☐	☐
Conduct	☐	☐	☐	☐	Substance Use[9]	☐	☐	☐	☐
Adjustment to Trauma[8]	☐	☐	☐	☐					

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Dysfunction requiring treatment (consider work, school, home, peer, family, parenting, self-care, etc.): ☐ None

LIFE DOMAIN FUNCTIONING

	n/a	0	1	2	3		n/a	0	1	2	3
Family Functioning[3]		☐	☐	☐	☐	Decision Making		☐	☐	☐	☐
Living Situation		☐	☐	☐	☐	Medical/Physical		☐	☐	☐	☐
Social Functioning		☐	☐	☐	☐	Sexual Development[5]		☐	☐	☐	☐
Recreational		☐	☐	☐	☐	Sleep		☐	☐	☐	☐
Developmental/Intellectual[4]		☐	☐	☐	☐	School Behavior[6]	☐	☐	☐	☐	☐
Job Functioning[15]	☐	☐	☐	☐	☐	School Achievement[6]	☐	☐	☐	☐	☐
Legal		☐	☐	☐	☐	School Attendance[6]	☐	☐	☐	☐	☐

MENTAL HEALTH HISTORY

Type of Treatment (e.g., inpatient, outpatient)	Provider	Therapeutic Modality (e.g., therapy, medication)	Date(s)	Response to Treatment

ASSESSMENT OF RISK

CLINICAL MASTERS LEVEL OR ABOVE ONLY

Danger to Self: ☐ None ☐ Ideation ☐ Plan ☐ Intent w/o means ☐ Intent w/means

Danger to Others: ☐ None ☐ Ideation ☐ Plan ☐ Intent w/o means ☐ Intent w/means

☐ Identifiable victim(s) (Tarasoff) See note dated:
Please describe actions taken:

Grave Disability: ☐ No ☐ Yes, as evidenced by:

Suicide Hx: ☐ No ☐ Yes *(Describe)*:

Homicide Hx: ☐ No ☐ Yes *(Describe)*:

Abuse Hx: ☐ No ☐ Yes *(Describe)*:

Risk for Abuse and/or Victimization: ☐ No ☐ Yes *(Describe)*:

RISK BEHAVIORS

	0	1	2	3		0	1	2	3
Suicide Risk	☐	☐	☐	☐	Delinquent Behavior[13]	☐	☐	☐	☐
Non-Suicide Self-Injurious Behavior	☐	☐	☐	☐	Fire Setting[14]	☐	☐	☐	☐
Other Self Harm (Recklessness)	☐	☐	☐	☐	Intentional Misbehavior	☐	☐	☐	☐
Danger to Others[10]	☐	☐	☐	☐	Exploitation[*]	☐	☐	☐	☐
Sexual Aggression[11]	☐	☐	☐	☐					
Runaway[12]	☐	☐	☐	☐					

MEDICAL HISTORY

Current health problems: ☐ None

Current health conditions placing client at special risk: ☐ None

Currently pregnant? ☐ Yes ☐ No

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Allergies to medicine or other substances: ☐ None

Medications: *(for medical and mental health conditions)*

Medication/Herbal Tx	Dosage/Frequency	Duration	Response/Side Effects

SUBSTANCE EXPOSURE/SUBSTANCE USE (PAST AND PRESENT)

☐ **No issue noted** *(If none, proceed to next section)*

SUBSTANCE	EVER USED?	CURRENTLY USING?	AGE WHEN FIRST USED	TIME OF LAST USE	FREQUENCY & QUANTITY OF USE	PROBLEMS ASSOCIATED W/USE (I.E., LEGAL, INTERPESONAL	WITHDRAWAL AND/OR TOLERANCE?	EFFORTS TO STOP OR CUT DOWN AND TX
Tobacco	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
Alcohol	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
Caffeine	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
Marijuana	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
Complementary / Alt. Medications:	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
OTC Medications:	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
Illicit Drugs: (include IV drug use)	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	
Other:	☐ N ☐ Y	☐ N ☐ Y					☐ W ☐ T	

Additional information:

DEVELOPMENTAL HISTORY

Pregnancy Planned ☐ Yes ☐ No _____ **Complications?** ☐ Yes ☐ No _____

Drug/Alcohol Impact ☐ Yes ☐ No _____ **Premature Birth?** ☐ Yes ☐ No _____

Birth Complications ☐ Yes ☐ No _____ _____

Age When: Crawled? _____ **Walked?** _____ **Spoke Single Words?** _____ **Spoke Sentences?** _____ **Toilet Trained?** _____

Age-appropriate Self-Care: ☐ **WNL**

Current Developmental Delays and Problems: ☐ None

FAMILY HISTORY

Birth order: _____ of _____ **Raised by:** ☐ Birth Parents _____ **Age at parents' divorce:** ☐ N/A _____

Out of home placements: ☐ None

Parents are: ☐ Married ☐ Living Together ☐ Separated ☐ Divorced ☐ No Longer Connected:

Problems with parents: ☐ None

Cultural or acculturation-related parenting issues: ☐ None

Siblings: ☐ None

Problems with siblings: ☐ None

Support system support/involvement of family in client's life: ☐ None

Desire of client for involvement of family or others in treatment: ☐ None

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CAREGIVER STRENGTHS & NEEDS

☐ **Caregiver section does not apply at this time**

	0	1	2	3		0	1	2	3
Supervision	☐	☐	☐	☐	Medical/Physical	☐	☐	☐	☐
Involvement	☐	☐	☐	☐	Mental Health	☐	☐	☐	☐
Knowledge	☐	☐	☐	☐	Substance Use	☐	☐	☐	☐
Organization	☐	☐	☐	☐	Developmental	☐	☐	☐	☐
Social Resources	☐	☐	☐	☐	Safety	☐	☐	☐	☐
Residential Stability	☐	☐	☐	☐					

Caregiver name: _____ **Caregiver role:** _____

PROBLEM HISTORY

Behavior problems: ☐ None

Temper/Violence/Harm to Animals/Property: ☐ None

Past and current arrests and legal problems: ☐ None

Sexually active: ☐ Yes ☐ No _____ **Sexual problems:** ☐ Yes ☐ No _____

Sexual orientation issues: ☐ None

Sleep problems: ☐ None

Eating problems: ☐ Normal ☐ Binge ☐ Purge ☐ Underweight ☐ Obese ☐ Compulsive Eating ☐ Distorted Body Image

Other:

Past and present employment: ☐ Never employed

SCHOOL/PEER RELATIONS

School history: School: _____ Grade: _____ Teacher: _____

Current problems with: ☐ Teachers ☐ Grades ☐ Peers ☐ Suspensions/expulsions ☐ Truancy
☐ Resists going to school ☐ Problems separating from home/parents
☐ Recent drop in grades ☐ Receiving special services Grades usually received: _____

Explanation:

Peer issues: ☐ None ☐ Isolates ☐ Cries a lot ☐ Shy ☐ Few friends ☐ Usually a follower
☐ Bullies ☐ Provokes/teases ☐ Fights ☐ Frequently loses friends ☐ Makes friends easily
☐ Usually a leader ☐ Frequently teased about: _____

Explanation:

CULTURE/DIVERSITY

Assess unique aspects of the client, including culture, background, and sexual orientation, that are important for understanding and engaging the client and for care planning.

Preferred language for receiving our services: ☐ English ☐ Other: _____ (**If not** English, complete all items in this section)

Nature of services and staff assigned will need to be significantly culturally-related: ☐ No ☐ Yes *(How?)*

(If "yes" complete all items in the section below)

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If the answers to the above mentioned items are "English" and "No" respectively, the remainder of this section is optional.

Mother's country of origin: _____ Father's country of origin: _____

Number of years client and parents have been in this country: Client: ☐ All his/her life _____ Parents: ☐ All their lives _____

Culture client most identifies with:

Problems client has had because of his/her cultural background: ☐ None

Culture-related healing practices used: ☐ None

Additional cultural/diversity assessment: (optional) ☐ None

Importance of religion/spirituality for client: ☐ **Not Important**

CULTURAL FACTORS

	0	1	2	3		0	1	2	3
Language	☐	☐	☐	☐	Cultural Stress	☐	☐	☐	☐
Traditions and Rituals	☐	☐	☐	☐					

CLIENT STRENGTHS

Describe:

STRENGTHS DOMAIN

	n/a	0	1	2	3		0	1	2	3
Family Strengths		☐	☐	☐	☐	Cultural Identity	☐	☐	☐	☐
Interpersonal		☐	☐	☐	☐	Natural Supports	☐	☐	☐	☐
Optimism		☐	☐	☐	☐	Community Life	☐	☐	☐	☐
Educational Setting		☐	☐	☐	☐	Relationship Permanence[7]	☐	☐	☐	☐
Vocational	☐	☐	☐	☐	☐	Well-being*	☐	☐	☐	☐
Talents/Interests		☐	☐	☐	☐	Resiliency	☐	☐	☐	☐
Spiritual/Religious		☐	☐	☐	☐	Resourcefulness	☐	☐	☐	☐

MENTAL STATUS (CLINICAL MASTERS LEVEL OR ABOVE ONLY)

Please check one or more of the following boxes below

APPEARANCE: ☐ Clean ☐ Groomed ☐ Dirty ☐ Disheveled *(Describe)*

SPEECH: ☐ Organized ☐ Coherent ☐ Pressured ☐ Rapid ☐ Slow ☐ Mumbling *(Describe)*

ORIENTATION: ☐ Person ☐ Place ☐ Time ☐ Situation *(Describe)*

AFFECT: ☐ Appropriate ☐ Blunted/Flat ☐ Restricted ☐ Labile ☐ Tearful *(Describe)*

INSIGHT: ☐ Good ☐ Average ☐ Poor ☐ None *(Describe)*

JUDGMENT: ☐ Good ☐ Average ☐ Poor *(Describe)*

MOOD: ☐ Stable ☐ Depressed ☐ Irritable ☐ Anxious ☐ Manic ☐ Elevated *(Describe)*

PERCEPTION: ☐ Normal ☐ Auditory Hallucinations ☐ Visual Hallucinations ☐ Other: _____ *(Describe)*

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THOUGHT CONTENT: ☐ Normal ☐ Delusional ☐ Grandiose ☐ Paranoid ☐ Phobic ☐ Other: _____ *(Describe)*

THOUGHT PROCESS: ☐ Organized ☐ Poor Concentration ☐ Obsessive ☐ Flight of Ideas ☐ Thought Blocking *(Describe)*

MEMORY: Intact for: ☐ Immediate ☐ Recent ☐ Remote *(Describe)*

INTELLECTUAL FX ESTIMATE: ☐ Above Average ☐ Average ☐ Below Average ☐ Intellectual Disability *(Describe)*

CANS-SB MODULES ☐ No Modules Triggered *(no information to be completed in this section)*

Early Childhood (EC) Module 0-5[1] ☐ Not Applicable

	Unknown	0	1	2	3
Motor		☐	☐	☐	☐
Sensory		☐	☐	☐	☐
Communication		☐	☐	☐	☐
Aggression		☐	☐	☐	☐
Regulatory Problems		☐	☐	☐	☐
Failure to Thrive		☐	☐	☐	☐
PICA	☐	☐	☐	☐	☐
Birth Weight	☐	☐	☐	☐	☐
Prenatal Care	☐	☐	☐	☐	☐
Labor and Delivery	☐	☐	☐	☐	☐

	Unknown	0	1	2	3
Substance Exposure	☐	☐	☐	☐	☐
Maternal Availability	☐	☐	☐	☐	☐
Parent or Sibling Problems		☐	☐	☐	☐
Empathy for Child		☐	☐	☐	☐
Curiosity		☐	☐	☐	☐
Playfulness		☐	☐	☐	☐
Adaptability		☐	☐	☐	☐
Persistence		☐	☐	☐	☐
Self-Care/Daily Living Skills		☐	☐	☐	☐

Transitional Age Youth (TAY) Module[2] ☐ Not Applicable

	0	1	2	3
Independent Living Skills	☐	☐	☐	☐
Residential Stability	☐	☐	☐	☐
Transportation	☐	☐	☐	☐
Parenting Roles	☐	☐	☐	☐
Interpersonal/Social Connectedness	☐	☐	☐	☐
Personality Disorder	☐	☐	☐	☐
Intimate Relationships	☐	☐	☐	☐

	0	1	2	3
Gender Identity	☐	☐	☐	☐
Sexual Orientation	☐	☐	☐	☐
Medication Compliance	☐	☐	☐	☐
Educational Attainment	☐	☐	☐	☐
Vocational Career	☐	☐	☐	☐
Meaningfulness	☐	☐	☐	☐
Victimization	☐	☐	☐	☐

Family Difficulties (FAM) Module[3] ☐ Not Applicable

	0	1	2	3
Relationship with Bio-Mother	☐	☐	☐	☐
Relationship with Bio-Father	☐	☐	☐	☐
Relationship with Primary Caregiver	☐	☐	☐	☐
Relationship among Siblings	☐	☐	☐	☐

	0	1	2	3
Parental/Caregiver Collaboration	☐	☐	☐	☐
Family Communication	☐	☐	☐	☐
Family Role Appropriate/Boundaries	☐	☐	☐	☐
Family Conflict	☐	☐	☐	☐

Developmental Needs (DD) Module[4] ☐ Not Applicable

	0	1	2	3
Cognitive	☐	☐	☐	☐
Communication	☐	☐	☐	☐

	0	1	2	3
Developmental	☐	☐	☐	☐
Self-care/Daily Living Skills	☐	☐	☐	☐

Sexuality Module[5] ☐ Not Applicable

	0	1	2	3
Promiscuity	☐	☐	☐	☐
Masturbation	☐	☐	☐	☐
Reactive Sexual Behavior	☐	☐	☐	☐

	0	1	2	3
Knowledge of Sex	☐	☐	☐	☐
Choice of Relationships	☐	☐	☐	☐
Sexual Exploitation	☐	☐	☐	☐

School Module[6] ☐ Not Applicable

	0	1	2	3
Attention-Concentration in School	☐	☐	☐	☐
Sensory Integration Difficulties in School	☐	☐	☐	☐
Affect Dysregulation in School	☐	☐	☐	☐
Anxiety in School	☐	☐	☐	☐

	0	1	2	3
Depression in School	☐	☐	☐	☐
Peer Relations in School	☐	☐	☐	☐
Oppositional in School	☐	☐	☐	☐
Conduct in School	☐	☐	☐	☐

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Permanency Module[7] ☐ Not Applicable

	0	1	2	3		0	1	2	3
Siblings	☐	☐	☐	☐	Current Living Situation	☐	☐	☐	☐
Biological/Adoptive Mother	☐	☐	☐	☐	Grief and Loss	☐	☐	☐	☐
Biological/Adoptive Father	☐	☐	☐	☐	Family Identity and Belonging	☐	☐	☐	☐
Other Significant Adults	☐	☐	☐	☐	Family Finding	☐	☐	☐	☐

Trauma Module[8] ☐ Not Applicable

Characteristics of the Trauma Experience (0 = No Abuse; 1, 2, & 3 used to rate severity of abuse)

	0	1	2	3		0	1	2	3
Sexual Abuse	☐	☐	☐	☐	Natural Disaster	☐	☐	☐	☐
Physical Abuse	☐	☐	☐	☐	Witness to Family Violence	☐	☐	☐	☐
Emotional Abuse	☐	☐	☐	☐	Witness to Community Violence/School Violence	☐	☐	☐	☐
Neglect	☐	☐	☐	☐	Witness/Victim - Criminal Acts	☐	☐	☐	☐
Medical Trauma	☐	☐	☐	☐	Marital/Partner Violence	☐	☐	☐	☐

Sexual Abuse Expansion - Complete if Sexually Abused

	0	1	2	3		0	1	2	3
Emotional Closeness to Perpetrator	☐	☐	☐	☐	Duration	☐	☐	☐	☐
Frequency of Abuse	☐	☐	☐	☐	Force	☐	☐	☐	☐
					Reaction to Disclosure	☐	☐	☐	☐

Traumatic Stress Symptoms *- Complete* ***for All Traumas***

	0	1	2	3		0	1	2	3
Emotional/Physical Dysregulation (Item in Bx/Emo. Needs)					Numbing	☐	☐	☐	☐
Intrusions/Re-Experiencing	☐	☐	☐	☐	Dissociation	☐	☐	☐	☐
Hyperarousal	☐	☐	☐	☐	Avoidance	☐	☐	☐	☐
Traumatic Grief & Separation	☐	☐	☐	☐	Caregiver Post-Traumatic Reaction	☐	☐	☐	☐

Substance Use Disorder (SUD) Module[9] ☐ Not Applicable

	0	1	2	3		0	1	2	3
Severity of Use	☐	☐	☐	☐	Parental Influences	☐	☐	☐	☐
Duration of Use	☐	☐	☐	☐	Environmental Influences	☐	☐	☐	☐
Stage of Recovery	☐	☐	☐	☐	Recovery Community Supports	☐	☐	☐	☐
Peer Influences	☐	☐	☐	☐					

Violence Module[10] ☐ Not Applicable

Historical risk factors	0	1	2	3		0	1	2	3
History of Physical Abuse	☐	☐	☐	☐	Witness to Domestic Violence	☐	☐	☐	☐
History of Violence	☐	☐	☐	☐	Witness to Environmental Violence	☐	☐	☐	☐

Emotional/Behavioral risks	0	1	2	3		0	1	2	3
Bullying	☐	☐	☐	☐	Paranoid Thinking	☐	☐	☐	☐
Frustration Management	☐	☐	☐	☐	Secondary Gains from Anger	☐	☐	☐	☐
Hostility	☐	☐	☐	☐	Violent Thinking	☐	☐	☐	☐

Resiliency factors	0	1	2	3		0	1	2	3
Aware of Violence Potential	☐	☐	☐	☐	Commitment to Self-Control	☐	☐	☐	☐
Response to Consequences	☐	☐	☐	☐	Treatment Involvement	☐	☐	☐	☐

Sexually Aggressive Bx (SAB) Module[11] ☐ Not Applicable

	0	1	2	3		0	1	2	3
Relationship	☐	☐	☐	☐	Response to Accusation	☐	☐	☐	☐
Physical Force/Threat	☐	☐	☐	☐	Temporal Consistency	☐	☐	☐	☐
Planning	☐	☐	☐	☐	History of Sexual Behavior	☐	☐	☐	☐
Age Differential	☐	☐	☐	☐	Severity of Sexual Abuse	☐	☐	☐	☐
Type of Sex Act	☐	☐	☐	☐	Prior Treatment	☐	☐	☐	☐

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Runaway Module[12] ☐ Not Applicable

	0	1	2	3
Frequency of Running	☐	☐	☐	☐
Consistency of Destination	☐	☐	☐	☐
Safety of Destination	☐	☐	☐	☐
Involvement in Illegal Activity	☐	☐	☐	☐

	0	1	2	3
Likelihood of Return on Own	☐	☐	☐	☐
Involvement with Others	☐	☐	☐	☐
Realistic Expectations	☐	☐	☐	☐
Planning	☐	☐	☐	☐

Juvenile Justice (JJ) Module[13] ☐ Not Applicable

	0	1	2	3
History	☐	☐	☐	☐
Seriousness	☐	☐	☐	☐
Planning	☐	☐	☐	☐
Community Safety	☐	☐	☐	☐
Peer Influences	☐	☐	☐	☐

	0	1	2	3
Parental Criminal Behavior	☐	☐	☐	☐
Environmental Influences	☐	☐	☐	☐
Arrest	☐	☐	☐	☐
Legal Compliance	☐	☐	☐	☐

Fire Setting (FS) Module[14] ☐ Not Applicable

	0	1	2	3
History	☐	☐	☐	☐
Seriousness	☐	☐	☐	☐
Planning	☐	☐	☐	☐
Use of Accelerants	☐	☐	☐	☐
Intention to Harm	☐	☐	☐	☐

	0	1	2	3
Community Safety	☐	☐	☐	☐
Response to Accusation	☐	☐	☐	☐
Remorse	☐	☐	☐	☐
Likelihood of Future Fire	☐	☐	☐	☐

Vocational (VOC) Module[15] ☐ Not Applicable

	0	1	2	3
Job History	☐	☐	☐	☐
Job Attendance	☐	☐	☐	☐
Job Performance	☐	☐	☐	☐

	0	1	2	3
Job Relations	☐	☐	☐	☐
Job Skills	☐	☐	☐	☐

DISPOSITION

Diagnosis: ☐ See diagnosis sheet for full diagnosis

Case Status: ☐ Case Open ☐ NOA Issued ☐ Rationale for NOA: *(Medi-Cal Only)*

Disposition: List actions taken, recommendations, and referrals made *(mental health tx, drug/alcohol tx, community resources, medical care, etc.).* **Include preferred language for services and provider gender and ethnicity if these are important to the client.**

(All staff participating sign below)

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

CHILD/ADOLESCENT CLINICAL ASSESSMENT – CANS-SB

NAME:

CHART NO:

DOB:

PROGRAM:

San Bernardino County
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Confidential Patient Information
See W&I Code 5328

ASSESSMENT UPDATE

Update entries, of important background information or other assessment information about changes in the client's circumstances discovered during the course of services, may be made here. All entries will be dated and signed as a regular chart note. If an interview takes place, it may be charted here and billed by adding the MHS-Assess heading, the billing time, and the location code.

CHILD/ADOLESCENT CLINICAL ASSESSMENT – CANS-SB

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