2 - Telehealth	11 – Office	20 – Urgent Care Facility	30 – Faith Based	56 – Psychiatric Residential Tx Center
3 - School	12 – Client Home	23 – Emergency Room/Hosp.	51 – Inpatient Psychiatric Facility	99 – Other Place of Service
9 - Correctional Facility	14 – Group Home	28 – Non Face-to-Face	55 – Residential Substance Abuse Tx Facility	

DBH: Billing information in this section is a reference for billings to be submitted; assessment date should be the first date of contact. First Contact Date:

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

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

Gender: ☐ Another Gender Identity ☐ Declined to Answer ☐ Female ☐ Genderqueer ☐ Male ☐ Questioning/Unsure of Gender Identity ☐ Transgender

Age: ☐ Under 6Y/O: Early Childhood Module[1] ☐ Over 15 Y/O: TAY Module[2]

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: ☐ Yes ☐ No ☐ Other Agency Involved

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 the client really want from services?

What do caregivers really want from services?

Why is client coming in 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

CHILD 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]	☐	☐	☐	☐					

CHILD/ADOL CLINICAL ASSESSMENT
County of San Bernardino
DEPARTMENT OF BEHAVIORAL HEALTH

Confidential Patient Information
See W&I Code 5328

NAME: _____
CHART NO: _____
DOB: _____
PROGRAM: _____

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]		☐	☐	☐	☐	Medical/Physical		☐	☐	☐	☐
Living Situation		☐	☐	☐	☐	Sexual Development[5]		☐	☐	☐	☐
Social Functioning		☐	☐	☐	☐	Gender Identity		☐	☐	☐	☐
Recreational		☐	☐	☐	☐	Sleep		☐	☐	☐	☐
Developmental/Intellectual[4]		☐	☐	☐	☐	School Behavior[6]	☐	☐	☐	☐	☐
Job Functioning[14]	☐	☐	☐	☐	☐	School Achievement[6]	☐	☐	☐	☐	☐
Legal[10]		☐	☐	☐	☐	School Attendance[6]	☐	☐	☐	☐	☐
Decision Making		☐	☐	☐	☐						

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: ☐ Yes ☐ No, As evidenced by:

Suicide Hx: ☐ Yes ☐ No, Describe if yes:

Homicide Hx: ☐ Yes ☐ No, Describe if yes:

Abuse Hx: ☐ Yes ☐ No, Describe if yes:

Risk for Abuse and/or Victimization: ☐ Yes ☐ No, Describe if yes:

CHILD RISK BEHAVIORS

	0	1	2	3		0	1	2	3
Suicide Risk	☐	☐	☐	☐	Fire Setting[13]	☐	☐	☐	☐
Non-Suicidal Self-Injurious Behavior	☐	☐	☐	☐	Intentional Misbehavior	☐	☐	☐	☐
Other Self-Harm (Recklessness)	☐	☐	☐	☐	Exploitation[15]	☐	☐	☐	☐
Danger to Others[10]	☐	☐	☐	☐	Grave Disability	☐	☐	☐	☐
Sexual Aggression[11]	☐	☐	☐	☐					
Runaway[12]	☐	☐	☐	☐	Number of Prior Psychiatric Hospitalizations[16]	0=0	1=1	2=2	3=3+
Delinquent Behavior[10]	☐	☐	☐	☐	Instances: Past 6 Months	☐	☐	☐	☐
					Psychiatric Crisis Episodes w/o Hospitalization Instances: Past 90 Days	☐	☐	☐	☐

CHILD/ADOL CLINICAL ASSESSMENT
County of San Bernardino
DEPARTMENT OF BEHAVIORAL HEALTH

Confidential Patient Information
See W&I Code 5328

NAME: _____

CHART NO: _____

DOB: _____

PROGRAM: _____

TRAUMA

	No 0	Yes 1	Yes 2	Yes 3		No 0	Yes 1	Yes 2	Yes 3
Sexual Abuse	☐	☐	☐	☐	Natural or Manmade Disaster	☐	☐	☐	☐
Physical Abuse	☐	☐	☐	☐	War/Terrorism Affected	☐	☐	☐	☐
Emotional Abuse	☐	☐	☐	☐	Witness/Victim to Criminal Activity	☐	☐	☐	☐
Neglect	☐	☐	☐	☐	Disruption in Caregiving/Attachment	☐	☐	☐	☐
Medical Trauma	☐	☐	☐	☐	Losses[7] Parental Criminal Behavior	☐	☐	☐	☐
Witness to Family Violence	☐	☐	☐	☐	Bullied by Others	☐	☐	☐	☐
Witness to Community/School Violence	☐	☐	☐	☐					

MEDICAL HISTORY

Current health problems: ☐ Yes ☐ No, Explain if yes:

Current health conditions placing client at special risk: ☐ Yes ☐ No, Explain if yes:

Currently pregnant? ☐ Yes ☐ No ☐ Unknown

Allergies to medicine or other substances: ☐ Yes ☐ No, Explain Allergies:

Client Reported Medications: *(for medical and mental health conditions)*
Medication section will be captured in a Note format in myAvatar

Medication/Herbal Tx	Dose	Variable Dose	Frequency	Start Date	Stop Date
1.		☐			
Directions and/or Additional Information:					
2.		☐			
Directions and/or Additional Information:					
3.		☐			
Directions and/or Additional Information:					
4.		☐			
Directions and/or Additional Information:					
5.		☐			
Directions and/or Additional Information:					

SUBSTANCE EXPOSURE/SUBSTANCE USE (PAST AND PRESENT)

Issues with Substance Exposure: ☐ Yes ☐ No *(If No, proceed to next section)*

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

Additional information:

DEVELOPMENTAL HISTORY

Developmental History: ☐ Known ☐ Unknown

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

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

Birth Complications ☐ Yes ☐ No ☐ Unknown

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

Age-Appropriate Self-Care: ☐ WLN, Other:

Current Developmental Delays and Problems: ☐ Yes ☐ No, Explain:

FAMILY HISTORY

Birth order: of **Raised by:** ☐ Birth Parents **Other:**

Parents are: ☐ Married ☐ Living Together ☐ Separated ☐ Divorced ☐ No longer connected, Explain:

Age at parents' divorce: ☐ N/A, Age:

Problems with parents: ☐ Yes ☐ No, Explain:

Cultural or acculturation-related parenting issues: ☐ Yes ☐ No, Explain:

Out of home placements: ☐ Yes ☐ No, Explain:

Siblings: ☐ Yes ☐ No, Explain:

Problems with siblings: ☐ Yes ☐ No, Explain:

Support system support/involvement of family in client's life: ☐ Yes ☐ No, Explain:

Client's desire for involvement of family or others in treatment: ☐ Yes ☐ No, Explain:

CAREGIVER STRENGTHS/NEEDS

Caregiver Identified: ☐ Yes ☐ No

Caregiver name: **Caregiver role:**

	0	1	2	3		0	1	2	3
Supervision	☐	☐	☐	☐	Substance Use	☐	☐	☐	☐
Involvement with Care[3]	☐	☐	☐	☐	Developmental	☐	☐	☐	☐
Knowledge	☐	☐	☐	☐	Safety	☐	☐	☐	☐
Organization	☐	☐	☐	☐	Family Relationship to the System	☐	☐	☐	☐
Social Resources	☐	☐	☐	☐	Legal Involvement	☐	☐	☐	☐
Residential Stability	☐	☐	☐	☐	Emotional Responsiveness	☐	☐	☐	☐
Medical/Physical	☐	☐	☐	☐	Adjustment to Traumatic Experiences	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐					

PROBLEM HISTORY

Behavior problems: ☐ Yes ☐ No, Describe:

Temper/Violence/Harm to Animals/Property: ☐ Yes ☐ No, Describe:

Past and current arrests and legal problems: ☐ Yes ☐ No, Describe:

Sexually active: ☐ Yes ☐ No ☐ Unknown, Describe:

Sexual problems: ☐ Yes ☐ No ☐ Unknown, Describe:

Sexual orientation issues: ☐ Yes ☐ No ☐ Unknown, Describe:

Sleep problems: ☐ Yes ☐ No, Describe:

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

Past and present employment: ☐ Yes ☐ Never employed, Describe:

SCHOOL/PEER RELATIONS

Is client in school? ☐ Not School-Aged/Not Enrolled ☐ Enrolled ☐ School-Aged/Not Enrolled ☐ Graduated

School history: School: Grade: Teacher(s):
Grades usually received:

Current problems with: ☐ None ☐ Teachers ☐ Grades ☐ Peers ☐ Suspensions/Expulsions ☐ Truancy
☐ Resists going to school ☐ Problems separating from home/parents
☐ Recent drop in grades ☐ Receiving special services

Explanation:

Peer issues: ☐ None ☐ Isolates ☐ Shy ☐ Usually a follower ☐ Provokes/Teases ☐ Frequently loses friends
☐ Usually a leader ☐ Cries a lot ☐ Few Friends ☐ Bullies ☐ Fights ☐ Makes friends easily
☐ 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 *(Explain)*

(If "yes" complete all items in this section)

If the answers to the abovementioned 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: Parents: Client:

Culture client most identifies with:

Has client had problems because of his/her cultural background: ☐ Yes ☐No, *(Explain)*

Culture-related healing practices used: ☐ Yes ☐No, *(Explain)*

Additional cultural/diversity assessment: *(optional)* ☐ Yes ☐No, *(Explain)*

Importance of religion/spirituality for client: ☐ Yes ☐No, *(Explain)*

CULTURAL FACTORS

	0	1	2	3		0	1	2	3
Language	☐	☐	☐	☐	Discrimination Bias	☐	☐	☐	☐
Traditions and Rituals	☐	☐	☐	☐	Cultural Differences within the Family	☐	☐	☐	☐
Cultural Stress	☐	☐	☐	☐	Cultural Diversity	☐	☐	☐	☐
Sexual Orientation	☐	☐	☐	☐	Cultural Appropriateness of Service Family	☐	☐	☐	☐

CLIENT STRENGTHS

Client strengths:

STRENGTHS

	n/a	0	1	2	3		0	1	2	3
Family Strengths		☐	☐	☐	☐	Natural Supports	☐	☐	☐	☐
Interpersonal		☐	☐	☐	☐	Relationship Permanence[7]	☐	☐	☐	☐
Optimism		☐	☐	☐	☐	Well-being	☐	☐	☐	☐
Educational Setting	☐	☐	☐	☐	☐	Resiliency	☐	☐	☐	☐
Vocational	☐	☐	☐	☐	☐	Resourcefulness	☐	☐	☐	☐
Talents and Interests		☐	☐	☐	☐	Treatment Involvement	☐	☐	☐	☐
Spiritual/Religious		☐	☐	☐	☐	Progress to Goals	☐	☐	☐	☐
Cultural Identity		☐	☐	☐	☐	Discharge Preparation	☐	☐	☐	☐
Community Life		☐	☐	☐	☐					

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)*

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 ☐ Memory Not Intact *(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		Unknown	0	1	2	3
Motor		☐	☐	☐	☐	Maternal/Primary Caregiver Availability	☐	☐	☐	☐	☐
Sensory		☐	☐	☐	☐	Parent or Sibling Problems		☐	☐	☐	☐
Communication		☐	☐	☐	☐	Curiosity		☐	☐	☐	☐
Aggression		☐	☐	☐	☐	Playfulness		☐	☐	☐	☐
Regulatory Problems		☐	☐	☐	☐	Adaptability		☐	☐	☐	☐
Failure to Thrive		☐	☐	☐	☐	Persistence		☐	☐	☐	☐
PICA		☐	☐	☐	☐	Self-Care/Daily Living Skills		☐	☐	☐	☐
Birth Weight	☐	☐	☐	☐	☐	Atypical Behaviors		☐	☐	☐	☐
Prenatal Care	☐	☐	☐	☐	☐	Early Education		☐	☐	☐	☐
Labor and Delivery	☐	☐	☐	☐	☐	Social and Emotional Functioning		☐	☐	☐	☐
Exposure (Substance Exposure)	☐	☐	☐	☐	☐	Exploited (0-5)		☐	☐	☐	☐

Transitional Age Youth (TAY) Module[2]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
Independent Living Skills	☐	☐	☐	☐	Intimate Relationships	☐	☐	☐	☐
Residential Stability	☐	☐	☐	☐	Medication Compliance	☐	☐	☐	☐
Transportation	☐	☐	☐	☐	Educational Attainment	☐	☐	☐	☐
Parenting Roles	☐	☐	☐	☐	Vocational Career	☐	☐	☐	☐
Interpersonal/Social Connectedness	☐	☐	☐	☐	Meaningfulness	☐	☐	☐	☐
Personality Disorder	☐	☐	☐	☐	Victimization	☐	☐	☐	☐

Family Difficulties (FAM) Module[3]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
Relationship with Bio-Mother Only	☐	☐	☐	☐	Parental/Caregiver Collaboration	☐	☐	☐	☐
Relationship with Bio-Father Only	☐	☐	☐	☐	Family Communication	☐	☐	☐	☐
Relationship with Primary Caregiver	☐	☐	☐	☐	Family Role Appropriateness/Boundaries	☐	☐	☐	☐
Relationship Among Siblings	☐	☐	☐	☐	Family Conflict	☐	☐	☐	☐

Developmental Needs (DD) Module[4]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
Cognitive	☐	☐	☐	☐	Self-Care/Daily Living	☐	☐	☐	☐
Communication	☐	☐	☐	☐	Skills Atypical Behaviors	☐	☐	☐	☐
Developmental	☐	☐	☐	☐					

Sexuality Module[5]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
Promiscuity	☐	☐	☐	☐	Knowledge of Sex	☐	☐	☐	☐
Masturbation	☐	☐	☐	☐	Choice of Relationships	☐	☐	☐	☐
Reactive Sexual Behavior	☐	☐	☐	☐					

School Module[6]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
Attention-Concentration in School	☐	☐	☐	☐	Depression in School	☐	☐	☐	☐
Sensory Integration Difficulties in School	☐	☐	☐	☐	Peer Relations in School	☐	☐	☐	☐
Affect Dysregulation in School	☐	☐	☐	☐	Oppositional in School	☐	☐	☐	☐
Anxiety in School	☐	☐	☐	☐	Conduct in School	☐	☐	☐	☐

Permanency Module[7]

☐ Not Applicable

	0	1	2	3		n/a	0	1	2	3
Siblings	☐	☐	☐	☐	Grief and Loss		☐	☐	☐	☐
Biological/Adoptive Mother	☐	☐	☐	☐	Family Identity and Belonging		☐	☐	☐	☐
Biological/Adoptive Father	☐	☐	☐	☐	Family Finding		☐	☐	☐	☐
Other Significant Adults	☐	☐	☐	☐	Years in Care	☐	☐	☐	☐	☐
Current Living Situation	☐	☐	☐	☐	Placement History	☐	☐	☐	☐	☐

Traumatic Stress Module[8]

☐ Not Applicable

	0	1	2	3		0	1	2	3
Intrusions/Re-Experiencing	☐	☐	☐	☐	Numbing	☐	☐	☐	☐
Hyperarousal	☐	☐	☐	☐	Dissociation	☐	☐	☐	☐
Traumatic Grief & Separation	☐	☐	☐	☐	Avoidance	☐	☐	☐	☐

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/Juvenile Justice (JJ) Module[10]

☐ Not Applicable

Violence

	0	1	2	3		0	1	2	3
History of Violence	☐	☐	☐	☐	Secondary Gains from Anger	☐	☐	☐	☐
Bullying	☐	☐	☐	☐	Violent Thinking	☐	☐	☐	☐
Frustration Management	☐	☐	☐	☐	Aware of Violence Potential	☐	☐	☐	☐
Hostility	☐	☐	☐	☐	Response to Consequences	☐	☐	☐	☐
Paranoid Thinking	☐	☐	☐	☐	Commitment to Self-Control	☐	☐	☐	☐

Juvenile Justice

	0	1	2	3		0	1	2	3
History of Delinquency	☐	☐	☐	☐	Parental Criminal Behavior	☐	☐	☐	☐
Seriousness	☐	☐	☐	☐	Environmental Influences	☐	☐	☐	☐
Planning	☐	☐	☐	☐	Arrests	☐	☐	☐	☐
Community Safety	☐	☐	☐	☐	Incarceration	☐	☐	☐	☐
Peer Influences	☐	☐	☐	☐	Legal Compliance	☐	☐	☐	☐

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 Sexually Aggressive	☐	☐	☐	☐
Age Differential	☐	☐	☐	☐	Behavior Severity of Sexual Abuse	☐	☐	☐	☐
Type of Sex Act	☐	☐	☐	☐	Prior Treatment	☐	☐	☐	☐

Runaway Module[12]

☐ Not Applicable

	0	1	2	3		0	1	2	3
Frequency of Running	☐	☐	☐	☐	Likelihood of Return on Own	☐	☐	☐	☐
Consistency of Destination	☐	☐	☐	☐	Involvement with Others	☐	☐	☐	☐
Safety of Destination	☐	☐	☐	☐	Realistic Expectations	☐	☐	☐	☐
Involvement in Illegal Activity	☐	☐	☐	☐	Planning	☐	☐	☐	☐

Fire Setting (FS) Module[13]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
History	☐	☐	☐	☐	Community Safety	☐	☐	☐	☐
Seriousness	☐	☐	☐	☐	Response to Accusation	☐	☐	☐	☐
Planning	☐	☐	☐	☐	Remorse	☐	☐	☐	☐
Use of Accelerants	☐	☐	☐	☐	Likelihood of Future Fire Setting	☐	☐	☐	☐
Intention to Harm	☐	☐	☐	☐					

Vocational (VOC) Module[14]

☐ **Not Applicable**

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

Commercial Sexual Exploitation of Children (CSEC) Module[15]

☐ **Not Applicable**

	0	1	2	3		n/a	0	1	2	3
Duration of Exploitation	☐	☐	☐	☐	Incarceration		☐	☐	☐	☐
Perception of Dangerousness	☐	☐	☐	☐	Sexually Transmitted Infections		☐	☐	☐	☐
Knowledge of Exploitation	☐	☐	☐	☐	Pregnancies		☐	☐	☐	☐
Trauma Bonding/Stockholm Syndrome	☐	☐	☐	☐	Abortions	☐	☐	☐	☐	☐
Exploitation of Others	☐	☐	☐	☐	Attitude Toward Education Prior		☐	☐	☐	☐
Unprotected Intercourse	☐	☐	☐	☐	School Success		☐	☐	☐	☐
Intimate Relationships	☐	☐	☐	☐						

Hospitalization Module[16]

☐ **Not Applicable,** *Refer to SB-CANS Manual for scoring time frames*

	0	1	2	3		0	1	2	3
Longest Length of Stay	☐	☐	☐	☐	Time Since Most Recent Discharge	☐	☐	☐	☐
Duration of Most Recent Hospitalization	☐	☐	☐	☐					

Residential Module[17]

☐ **Not Applicable**

	0	1	2	3		0	1	2	3
Off-Site Behavior	☐	☐	☐	☐	Caregiver Participation	☐	☐	☐	☐
Home Visits	☐	☐	☐	☐	Caregiver Interaction	☐	☐	☐	☐

DISPOSITION

Diagnosis: ☐ See diagnosis form for full diagnosis

Case Status: ☐ Case Open ☐ NOABD Issued ☐ Rationale for NOABD: *(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: _____

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 filling time, and the location code.