658 E Brier Dr Ste 250, San Bernardino, CA 92415 | Phone: 909-501-0728 • Fax: 909-501-0831

SAN BERNARDINO COUNTY

Department of Behavioral Health

www.SBCounty.gov

Reset

Triage Transitional Services (TTS) Progress Note

Demographic Information	
Client Name:	Client ID:
Practitioner:	Service Program:
Service Charge Code:	Date of Service:
Location:	Face to Face (Minutes):
Documentation Time:	Travel Time:
Interpreter: ☐ Yes ☐ No	Name of Interpreter:

Progress Note Entry For:

☐ Existing Service
☐ Existing Appointment
☐ Independent Note
☐ New Service

Note Type:

☐ Walk-Ins
☐ Walk-Ins

Clinical Information

Crisis Intervention / Presenting Problem:

Observations:

Client's Report of Incident/Events:
Collateral's Report of Incident/Events:

Conservatorship	
Conservatorship: ☐ Yes ☐ No	
Name of Conservator:	Phone Number:

Reason for Referral

Reason for Referral/Request (TTS):

- ☐ Walk-In ARMCBH Triage
- ☐ ARMC BH Telephone/Consultation
- ☐ Reassessment
- ☐ Transfers
- ☐ Other

Reason for Referral/Request:

- ☐ Danger to Self
- ☐ Danger to Others
- ☐ Gravely Disabled
- ☐ Other

Suicide

If current suicide risk is present complete the appropriate Columbia Risk Assessment.

Suicide: ☐ Yes ☐ No

Current Suicide Risk Explanation:

Suicide Risk History:

658 E Brier Dr Ste 250, San Bernardino, CA 92415 | Phone: 909-501-0728 • Fax: 909-501-0831
www.SBCounty.gov

Current Homicide Risk:

- ☐ Ideation
- ☐ Plans
- ☐ History (Previous Attempt/Previous 5150/5585)
- ☐ Attempt
- ☐ Means
- ☐ None Reported

Current Homicide Risk Explanation:

Current Stressors:

- ☐ Family
- ☐ Boyfriend/Girlfriend
- ☐ Community
- ☐ Physical/Sexual Abuse
- ☐ Work
- ☐ Medical
- ☐ Recent Losses
- ☐ Anniversary Date
- ☐ Danger of Losing Housing
- ☐ School
- ☐ Other:

Current Stressors Explanation:

History of Relevant Stressors:

Problems in Community Functioning:

- ☐ Housing
- ☐ Work
- ☐ Financial
- ☐ Legal
- ☐ Employment
- ☐ School
- ☐ Community
- ☐ Self-Care
- ☐ Social Relationships
- ☐ Other

Other Explanation:

Family/Client Strengths:

- ☐ Extended Family
- ☐ Friends
- ☐ Faith Community
- ☐ Other

Other Explanation:

Mental Health History

Mental Health Treatment:

Psychotropic Medications Current and Past:

Current Health Conditions placing clients at special risk (as reported by the client):

Medication/Prescription History

Current Prescriptions/Herbal Medications: ☐ Yes ☐ No

Please List:

Substance Use History

Current Substance Use: ☐ Yes ☐ No

Current Use Description:

- ☐ Alcohol
- ☐ Cannabis
- ☐ Opioids
- ☐ Other Psychoactive Substance
- ☐ Inhalants
- ☐ Hallucinogens
- ☐ Sedatives, Hypnotics, or Anxiolytics
- ☐ Cocaine
- ☐ Other Stimulants

List other stimulants:

Describe (current or past use) type, frequency, quantity, last use, age of first use and family history:

Legal problems related to substance use: ☐ Yes ☐ No

If yes, please explain:

Substance Use Disorder Treatment: ☐ Yes ☐ No
If yes, please explain:
Past Substance Use Disorder Treatment: ☐ Yes ☐ No
If yes, please explain:

Legal History

Other Legal Problems: ☐ Yes ☐ No
If yes, please explain:

Probation Parole Information				
Are you on Probation?	☐ Yes	☐ No	Probation Officer Name:	Phone:
Are you on Parole?	☐ Yes	☐ No	Parole Officer Name:	Phone:

Abuse History

Abuse History (If none reported, please put N/A in the **explanation** field):

☐ Physical
☐ Domestic Violence
☐ Sexual
☐ None Reported

Explanation:

Disposition

Intervention (Include specifics of safety planning):

Client Response:

Collateral Information: ☐ Yes ☐ No

If yes, please explain:

Plan for Subsequent Service/Follow Up:

Disposition: ☐ Hospitalization Diverted ☐ Hospitalization Not Diverted

Client Linkage Information

☐ Destination (please provide further explanation):

☐ Resources (please provide further explanation):

☐ Transportation (please provide further explanation):

Consultation Information

Consultation with Licensed Staff: ☐ Yes ☐ No

Name of Licensed Staff:

Consent Status (Adults Only)

☐ Signed paper consent

☐ Client signed an Authorization to Release Information (ROI)

☐ Client unable to sign consents (follow up letter sent to client)

☐ Unwilling/Refused to sign consents

☐ Conservator/Office of the Public Guardian available to sign consent/HIPAA forms.

☐ Conservator/Office of the Public Guardian contacted via 24-hour hotline and verbal consent obtained (appropriate forms faxed).

☐ N/A

658 E Brier Dr Ste 250, San Bernardino, CA 92415 | Phone: 909-501-0728 • Fax: 909-501-0831
www.SBCounty.gov

Provider Consent	
Screener Name:	Title:
Signature:	Date:
Telephone Number:	Fax:

Licensed Mental Health Provider Consent (if required)	
Provider Name:	Title:
Signature:	Date: