



Person's Name (First MI Last): Ramirez, Joel	Record #: 12345	Date of Admission: 1-24-13
Organization/Program Name: Children and Family Services of Boston	DOB: 1-15-2007	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Presenting Concerns (In Person's Served/Family's Own Words)		
Referral Source and Reason for Referral: Joel was referred by his school adjustment counselor due to his lack of ability to join in circle time and complaints of being inattentive and not able to interact with fellow students.		
What Occurred to Cause the Person to Seek Services Now (Note Precipitating Event, Symptoms, Behavioral and Functioning Needs): Joel was referred at this time as due to Joel's complaining of "it hurts to sit on the floor" during circle time, being excessively fidgety, little to no eye contact, complaints of his clothing being "itchy" and concerns that he does not interact with the other students in his kindergarten class.		
Custody (If more than one parent/guardian has custody, check all boxes that apply to indicate sole or joint legal and/or physical custody)		
<input type="checkbox"/> Self: <input type="checkbox"/> Person is 18 yrs. Or Older <input type="checkbox"/> Mature Minor (16 – 18 yrs. Old) <input checked="" type="checkbox"/> Parent / <input type="checkbox"/> Guardian 1: Name: Maria Ramirez <input checked="" type="checkbox"/> Legal Custody <input checked="" type="checkbox"/> Physical Custody <input type="checkbox"/> Parent / <input type="checkbox"/> Guardian 2: Name: <input type="checkbox"/> Legal Custody <input type="checkbox"/> Physical Custody <input type="checkbox"/> DCF Caseworker Name: <input type="checkbox"/> Other (Describe): Is there a Rep Payee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; If yes, complete the Rep Payee section of the Legal Status Addendum Is a Conservatorship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; If yes, complete the Conservatorship section of the Legal Status Addendum Is there a need for a Legal Guardian, Rep Payee or Conservatorship that has not been met? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes / Explain:		

Instructions for Integration with CANS Assessment

Current Status is either captured below or in CANS Assessment. If CANS Assessment has been completed check here . If you have completed the CANS you do not need to complete the current information for those areas noted with an * if the current status is well documented in the CANS narrative. History of all areas must be described. If you have not completed the CANS complete all the following information. Comment should be included for any CANS score above a 1.

Living Situation		
What is the person's current living situation? (check one)		
<input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Friend's Home <input type="checkbox"/> Relative's/Guardian's Home <input type="checkbox"/> Foster Care Home <input type="checkbox"/> Respite Care <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Homeless living with friend <input type="checkbox"/> Homeless in shelter/No residence <input type="checkbox"/> Other:		
<input type="checkbox"/> Residential Care/Treatment Facility: (<input type="checkbox"/> Hospital <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Residential Program <input type="checkbox"/> Nursing/Rest Home <input type="checkbox"/> Supportive Housing <input type="checkbox"/> DYS Facility <input type="checkbox"/> Other:)		
At Risk of Losing Current Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Satisfied with Current Living Situation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is Person 14 ½ years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Complete Transition to Adulthood Addendum		
FAMILY		
(<input type="checkbox"/> Genogram Attached / <input type="checkbox"/> Ecomap Attached)		
Household Members (Name)	Relationship to Person Served	Age
Maria Ramirez	mother	32
Ana Ramirez	Sister	2



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Street Address (if different from the person's served address listed on Personal Information Form):

Relevant Family Members/ Others not listed above	Relationship to Person Served	Age
Marcus Ramirez	Father	34
Gloria Ramon	Maternal grandmother	56
Juanita Ramon	Maternal aunt	36

***Family Functioning/Parent and Child Interaction/Relationship Permanence: Include the child functioning within the context of his/her family and community.:**
Current Status Joel often isolates within a large group, such as at church. Mother reports that he often is clingy and anxious. He does not play with his fellow classmates at school.
History The family, despite Gloria and Marcus divorcing in 2006, has remained strong and both parents participate in parenting the children and both are active in their church community. Joel historically does not interact with peers at school or at church, but does play with his younger sister and cousins.

DEVELOPMENTAL INFORMATION

***Developmental/Cognitive Delay and Functioning/Sensory/Motor/Sleep/Feeding Disorders: Include if child met developmental milestones and development/cognitive delay such as low IQ or developmental disability:**
Current Status Joel struggles to understand the classroom curriculum and is not able to keep up with the rest of his kindergarten class. He cannot identify letters and has difficulty identifying shapes.
History Joel's developmental milestones were delayed. He did not crawl until he was 11 months old nor did he sit up until 12 months of age. Furthermore, Joel did not walk independently (without holding on) until he was 19 months old. His speech was delayed, as he could not string 2 words together by 18 months and did not begin doing so until age 2.5 years. Mother reported that he was unable to feed himself with table food (cheerios) until 15 months old. She also stated that he was difficult to bottle feed and had a weak suck reflex. In addition, Joel was a "colicky" baby, according to his mother and was difficult to comfort.

Learning Style (visual, auditory, verbal, written or learn by doing): Mother reported that it takes Joel a long time to "get an idea" and that the school has suggested that he have a "multisensory approach" to learning. This clinician explained what this meant to the mother, as she had questions regarding this.
Current Status Joel shows difficulty at home and at school following multi-step directions. At school, his teacher tells him and then gives him a picture as a reminder of what he was asked to do. Mom confirmed that he struggles at home to do basic tasks without her having to repeat them numerous times, and then he still has trouble follow the directions.
History Mother reported that Joel has always appeared to not hear her when she asks him something and that she has to repeat her requests numerous times.

***Learning Disability/Communication, Comprehension and Expression: Include expressive and receptive language problems:**
Current Status Joel continues to struggle with his communication skills.
History Joel was late in talking and has always had difficulty both understanding/processing verbal information as well as difficulty expressing himself.

***School: Preschool/Childcare/Behavior/Achievement/Attendance: Provide information based on age of child, if older than preschool include current grade:**
Current Status Joel is currently in kindergarten. He gets easily overwhelmed and frustrated when he cannot understand and compete his work at school. He often removes himself from the work area and isolates himself in a quiet area until he feels ready to return to his work.
History Joel did not attend preschool.

***Self Care: Include whether child can perform age appropriate activities of daily living, assistive technology and special communication needs and ability to self-preserve:**
Current Status Joel struggles with dressing himself, often putting his clothes on backwards. He is unable to button his shirts or zip his jacket zipper by himself.
History Joel has never taken the initiative to dress himself or to brush his teeth independently.



CULTURAL AND RELIGIOUS CONSIDERATIONS

***Language (Primary Language and Secondary Language):**

Current Status Joel's primary language is English, although he understands and speaks some Spanish.

History Joel's family speaks both English and Spanish.

***Cultural Differences Within a Family:**

Current Status: Nothing significant to report

History: Nothing significant to report

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***Cultural/Ethnic Identity:**

Current Status Joel is an American/Dominican and he and his family practice Dominican traditions.

History Joel's family is from the Dominican Republic.

***Discrimination/Bias:**

Current Status: Nothing significant to report

History: Nothing significant to report

Religion/Spirituality:

Current Status Joel attends church weekly with his family.

History The family has always attended church weekly.

***Youth/Family Relationship to System:**

Current Status: Joel is a first generation Dominican/American born to Dominican parents. He and his parents attend church weekly and participate in church-related activities.

History: Joel has been attending church and community activities since he was a baby.

***Agreement About Strengths and Needs:**

Current Status: Joel likes to explore how things are made—he is very curious. His needs are many: developmental delays; communication skills; anxiety; inattentiveness; social skills

History: The family did not have concerns before Joel entered kindergarten. They have always been supportive and loving.

SOCIAL SUPPORT AND FUNCTIONING

***Social Support, Social Functioning and Recreation/Play** (Friendship/Social/Peer, Support Relationships, Afterschool Programs/Clubs, Pets, Community Supports/Self Help Groups such as AA, NA, SMART, NAMI, Peer Support, etc.) Include difficulties with social skills and relationships with peers and adults and child's ability to play appropriately with peers):

Current Status Joel has no friends in school, but does play with his younger cousins on occasion.

History Joel struggles with interpersonal relationships, especially when he was in childcare for one year.

***Community Functioning:**

Current Status Joel does not participate in any community activities other than those affiliated with his church.

History Joel's mother enrolled him in a gym class for toddlers, but he could not do age appropriate activities due to his delays.

EMPLOYMENT (complete if 14 years of age or older)

Employment Income/Financial Support: Not Applicable Never Worked Currently Employed? No Yes; If yes, length of employment:

(If not currently employed) – Person served wants to work? No Yes Uncertain / Comments: N/A

Does the person want help to find employment? No Yes / Comments: N/A **If yes, complete Employment Addendum**



Income/Financial Support (sources of and adequacy of financial support; own and/or parents/family): Mother is currently unemployed and father is supporting the family. They do have financial issues due to the lack of the mother's income.

CAREGIVER RESOURCES AND NEEDS

***Medical/Physical/Mental Health and Substance Abuse:**

Current Status N/A

History N/A

***Developmental/Cognitive Delay: Current Status** Joel's developmental and cognitive delays are surfacing, as he currently struggles in kindergarten to keep up with the other students, both academically and socially.

History Joel's developmental milestones were delayed, but his pediatrician was not concerned said that he would "catch up".

***Family Stress/Housing Stability/Financial Resources/Organizational Skills/Advocacy/Involvement:**

Current Status Family is currently living in a small apartment in a "rough" neighborhood. Mother stated that she hopes to move into a "nicer" area when she can find a job and situate daycare for her daughter. Mother is a strong advocate for her family and readily accepts help when needed. Joel's father contributes to the household income, but the family still has little financial resources.

History When the family was all living together, it was easier to manage financially. Since the divorce, this has been increasingly difficult.

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***Child/Youth Supervision:**

Current Status Joel gets great supervision from his parents. aunt and grandmother.

History Joel has always received great supervision from his parents. aunt and grandmother.

Legal Involvement History

Does the person have a history of, or current involvement with the legal system (i.e., legal charges)?

No Yes; **If yes, Please complete and attach the Legal Involvement and History Addendum**

Trauma History

Does person report a history of trauma? No Yes

Does person report history/current family/relevant other, household, and/or environmental violence, abuse or neglect or exploitation?

No Yes

If the answer to either of the above questions is yes, complete the Trauma History Addendum

Addictive Behavior and Substance Abuse History

Does person report a history of, or current, substance use or other addictive behavior concerns (i.e., alcohol, tobacco, gambling, food)?

No Yes **If yes completed the following based on the requirements of your program, funder, or organization:**

Check other assessments completed:

GAIN CAGE AUDIT or Addictive Behavior/SA Addendum ESM/BSAS Other:

Mental Health and Addiction Treatment History

Type of Service	Dates of Service	Reason	Name of Provider/ Agency:	Inpatient/ Outpatient	Completed
N/A	/			<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> No <input type="checkbox"/> Yes
	/			<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> No <input type="checkbox"/> Yes
	/			<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> No <input type="checkbox"/> Yes
	/			<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> No <input type="checkbox"/> Yes



Table with 5 columns and 4 rows. The last two columns contain checkboxes for 'In', 'Out', 'Yes', and 'No'.

Efficacy of past and current treatment: N/A

Psychiatric History (including past diagnoses and course of illness): N/A

Source(s) of Information: [] Person Served X [] Significant other/Family member(s) [] Service Provider(s)
[] Case Manager [] Written records X [] Other: teacher and school adjustment counselor

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Medical and Physical Health Summary
OR [] Refer to Attached Physical Health Assessment

Allergies: [] No Known Allergies X [] Yes, list below:
Food: strawberries Medication (including OTC, herbal): Penicillin Environmental:

Medical and Physical Health Summary:
Current: Joel is in good health and his mother confirmed bringing him to the pediatrician for annual check ups and also when he is ill.

History (Health history including immunization status, prenatal exposure to alcohol and drugs, chronic conditions, significant dental history, and current physical complaints that may interfere with the person's served functioning, issues of language, speech, hearing, vision, intellectual, sensory and motor development): Joel was born 2 weeks post due date but was born as the result of a normal birth. As previously stated, Joel's developmental milestones were significantly delayed, including his speech development and motor skills. His mother describes his "sensitivity" to certain articles of clothing, his fear of loud noises (covers his ears and cries) and excessive motor activity (arm flapping).

Pain Screening:
Does the person experience pain currently? X [] Yes [] No Has the person experienced pain in past few months? X [] Yes [] No
Describe the type, frequency, duration, intensity, identified cause, any limitations to functioning and what helps relieve the pain:

Nutritional Screening: (check all that are reported) N/A
[] Special diet? (e.g. diabetic, celiac) Follows special diet? [] Yes [] No [] Medications affecting nutritional status
[] Weight gain/loss of 10 pounds or more without specific diet [] Change in appetite
[] Binging [] Purging [] Use of laxatives [] Intense focus on weight, body size, calorie intake, exercise
Beliefs, perceptions, attitude, behaviors regarding food: nothing remarkable

*Sexuality. Include concerns with sexual development, sexual behavioral and concerns with sexual identity:
Current: No concerns



History/Concerns: No concerns

Medication information and history of adverse reactions: (Include what medications have worked well previously, any adverse side effects, why person doesn't take meds as prescribed and/or which one(s) the person would like to avoid taking in the future):
Penicillin or Penicillin based antibiotics: Joel broke out in a rash when he first took Penicillin for an ear infection when he was 2 years old.

If the person served is currently taking any medication, complete and attach the Medication Addendum.

Primary Care Provider and Dentist Name and Credentials	Address	Tel Number	Fax	Date of Last Exam
Mark Stone, MD	351 Main Street, Boston, MA	617-123-5555	617-123-5556	1-21-13
Daniel Foster, DDS	798 Power Street, Boston, MA	671-324-555	617-324-5557	11-2-12



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Mental Status Exam – (WNL = Within Normal Limits) () – If Checked, Risk Assessment is Required**

Appearance/ Clothing:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> Neat and appropriate	<input type="checkbox"/> Physically unkempt	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Out of the Ordinary
Eye Contact:	<input type="checkbox"/> WNL	<input checked="" type="checkbox"/> Avoidant	<input type="checkbox"/> Intense	<input type="checkbox"/> Intermittent	
Build:	<input type="checkbox"/> WNL	<input checked="" type="checkbox"/> Thin	<input type="checkbox"/> Overweight	<input type="checkbox"/> Short	<input type="checkbox"/> Tall
Posture:	<input type="checkbox"/> WNL	<input type="checkbox"/> Slumped	<input checked="" type="checkbox"/> Rigid, Tense	<input type="checkbox"/> Atypical	
Body Movement:	<input type="checkbox"/> WNL	<input type="checkbox"/> Accelerated	<input type="checkbox"/> Slowed	<input type="checkbox"/> Peculiar	<input checked="" type="checkbox"/> Restless <input type="checkbox"/> Agitated
Behavior:	<input type="checkbox"/> WNL	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Overly Compliant	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Sleepy
	<input type="checkbox"/> Silly	<input type="checkbox"/> Avoidant/Guarded/Suspicious	<input checked="" type="checkbox"/> Nervous/Anxious	<input type="checkbox"/> Preoccupied	<input checked="" type="checkbox"/> Restless <input type="checkbox"/> Demanding
	<input type="checkbox"/> Controlling	<input type="checkbox"/> Unable to perceive pleasure	<input type="checkbox"/> Provocative	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Impulsive <input type="checkbox"/> Agitated
	<input type="checkbox"/> Angry	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Compulsive	<input type="checkbox"/> Relaxed
Speech:	<input type="checkbox"/> WNL	<input type="checkbox"/> Mute	<input type="checkbox"/> Over-talkative	<input type="checkbox"/> Slowed	<input type="checkbox"/> Slurred <input type="checkbox"/> Stammering
	<input type="checkbox"/> Rapid	<input type="checkbox"/> Pressured	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Repetitive
Emotional State-Mood (in person's words):	<input type="checkbox"/> WNL	<input type="checkbox"/> Not feeling anything	<input type="checkbox"/> Irritated	<input type="checkbox"/> Happy	<input type="checkbox"/> Angry <input type="checkbox"/> Hostile
	<input type="checkbox"/> Depressed, sad	<input type="checkbox"/> Anxious	<input checked="" type="checkbox"/> Afraid, Apprehensive		
Emotional State-Affect	<input type="checkbox"/> WNL	<input checked="" type="checkbox"/> Constricted	<input type="checkbox"/> Changeable	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Flat
	<input type="checkbox"/> Full	<input type="checkbox"/> Blunted, unvarying			
Facial Expression	<input type="checkbox"/> WNL	<input checked="" type="checkbox"/> Anxiety, fear, apprehension	<input type="checkbox"/> Sadness, depression	<input type="checkbox"/> Anger, hostility, irritability	
	<input type="checkbox"/> Elated	<input type="checkbox"/> Expressionless	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Unvarying	
Perception:	<input checked="" type="checkbox"/> WNL				
<i>Hallucinations-</i>	<input type="checkbox"/> Tactile	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Olfactory	<input type="checkbox"/> Command ** Gustatory
Thought Content:	<input checked="" type="checkbox"/> WNL				
<i>Delusions-</i>	<input checked="" type="checkbox"/> None Reported	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Persecutory	<input type="checkbox"/> Somatic	<input type="checkbox"/> Illogical <input type="checkbox"/> Chaotic
	<input type="checkbox"/> Religious				
<i>Other Content-</i>	<input type="checkbox"/> Preoccupied	<input type="checkbox"/> Obsessional	<input type="checkbox"/> Guarded	<input type="checkbox"/> Phobic	<input type="checkbox"/> Suspicious <input type="checkbox"/> Guilty
	<input type="checkbox"/> Thought broadcasting	<input type="checkbox"/> Thought insertion	<input type="checkbox"/> Ideas of reference		
Thought Process:	<input checked="" type="checkbox"/> WNL	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Decreased thought flow	<input type="checkbox"/> Blocked	<input type="checkbox"/> Flight of ideas
	<input type="checkbox"/> Loose	<input type="checkbox"/> Racing	<input type="checkbox"/> Chaotic	<input type="checkbox"/> Concrete	<input type="checkbox"/> Tangential
Intellectual Functioning:	<input type="checkbox"/> WNL	<input checked="" type="checkbox"/> Lessened fund of common knowledge	<input type="checkbox"/> Impaired concentration	<input type="checkbox"/> Impaired calculation ability	
<i>Intelligence Estimate -</i>	<input type="checkbox"/> Develop. Disabled	<input checked="" type="checkbox"/> Borderline	<input type="checkbox"/> Average	<input type="checkbox"/> Above average	<input type="checkbox"/> No formal testing
Orientation:	<input checked="" type="checkbox"/> WNL	Disoriented to:	<input type="checkbox"/> Time	<input type="checkbox"/> Place	<input type="checkbox"/> Person
Memory:	<input checked="" type="checkbox"/> WNL	Impaired:	<input type="checkbox"/> Immediate recall	<input type="checkbox"/> Recent memory	<input type="checkbox"/> Remote memory <input type="checkbox"/> Short Attention Span
Insight:	<input type="checkbox"/> WNL	<input checked="" type="checkbox"/> Difficulty acknowledging presence of psychological problems given his age	<input type="checkbox"/> Mostly blames other for problems	<input type="checkbox"/> Thinks he/she has no problems	
Judgment:	<input type="checkbox"/> WNL	Impaired Ability to Make Reasonable Decisions:		<input checked="" type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe**
Past Attempts to Harm Self or Others:	<input checked="" type="checkbox"/> None Reported	<input type="checkbox"/> Self**	<input type="checkbox"/> Others**		
Self Abuse Thoughts:	<input checked="" type="checkbox"/> None reported	<input type="checkbox"/> Cutting**	<input type="checkbox"/> Burning**	<input type="checkbox"/> Other:	
Suicidal Thoughts:	<input checked="" type="checkbox"/> None reported	<input type="checkbox"/> Passive SI**	<input type="checkbox"/> Intent**	<input type="checkbox"/> Plan**	<input type="checkbox"/> Means**
Aggressive Thoughts:	<input checked="" type="checkbox"/> None reported	<input type="checkbox"/> Intent**	<input type="checkbox"/> Plan**	<input type="checkbox"/> Means**	



Comments:	
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Person's Served Strengths/Abilities/Resiliency
(Skills, talents, interests, aspirations, protective factors that help the client achieve his/her goals)
Comment on all areas

Personal Qualities – Adaptable, Persistent, Curious, Playful, Creative, Confident, Optimistic, Resilient	Joel is curious and likes to explore how things are made.
Living Situation, Family, and Interpersonal Relationships	Joel lives in a loving family and has a close relationship with both parents, his grandmother and aunt. He also likes to play with his younger sister.
Financial/Employment/Education:	Joel is in kindergarten and puts in a lot of effort trying to so his schoolwork.
Health:	Joel is in good physical health and his parents take him to his annual check ups
Leisure/Recreational/Community Involvement and Connections/Talents and Interests:	Joel loves to go to the playground and loves the swings. "He can swing for hours."
Spirituality/Culture/Religion	The family is quite religious and attends church weekly.

Assessed and Needs Checklist Including Functional Domains

Activities of Daily Living								
CN = Current Need Area								
PFD = Person/Family Desires Change Now								
CN	PFD		CN	PFD		CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping/Laundry	<input type="checkbox"/>	<input type="checkbox"/>	Money Management	<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Housing Stability	<input type="checkbox"/>	<input type="checkbox"/>	Personal Care Skills (includes Grooming/ Dress)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Problem Solving Skills
<input type="checkbox"/>	<input type="checkbox"/>	Grocery Shopping/ Food Preparation	<input type="checkbox"/>	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	Time Management
<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	Other:			

Current Needs Selected Above as Evidenced By: Joel struggles to get dressed by himself, he can not button his shirts or zipper his jacket.

Family and Social Supports								
CN = Current Need Area								
PFD = Person/Family Desires Change Now								
CN	PFD		CN	PFD		CN	PFD	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Communication Skill	<input type="checkbox"/>	<input type="checkbox"/>	Family Education (Directed at the exclusive well being of the person served)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peer/ Personal Support Network X
<input type="checkbox"/>	<input type="checkbox"/>	Community Integration	<input type="checkbox"/>	<input type="checkbox"/>	Family Relationships	<input type="checkbox"/>	<input type="checkbox"/>	Social/ Interpersonal Skills
<input type="checkbox"/>	<input type="checkbox"/>	Caretaker Obligation Issues	<input type="checkbox"/>	<input type="checkbox"/>	Other:			

Current Needs Selected Above as Evidenced By: Joel's communication skills are weak and it is unclear if he has auditory processing issues, expressive and receptive language deficits. Psychoeducation for the parents and extended family is necessary.



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Legal					
CN = Current Need Area PFD = Person/Family Desires Change Now					
CN	PFD		CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>	Other:
Current Needs Selected Above as Evidenced By:					

Employment/ Education/ Finances							
CN = Current Need Area PFD = Person/Family Desires Change Now							
CN	PFD		CN	PFD	CN	PFD	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment/ Volunteer Activities
<input type="checkbox"/>	<input type="checkbox"/>	Financial/Benefits <small>(include SSA, VA benefits)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meaningful Activities
Other:							
Current Needs Selected Above as Evidenced By: Joel is struggling in his current school placement, both academically and socially and on an emotional level, as he exhibits great anxiety most of the time, especially right before school.							

Addictive Behavior and Substance Use					
CN = Current Need Area PFD = Person/Family Desires Change Now					
CN	PFD		CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Substance Use/ Addiction <small>(Tobacco, illicit & licit drugs)</small>	<input type="checkbox"/>	<input type="checkbox"/>	Other Addictive Behaviors (food, gambling, exercise, sex etc.)
Current Needs Selected Above as Evidenced By:					

Mental Health/ Illness Management-Behavior Management							
CN = Current Need Area PFD = Person/Family Desires Change Now							
CN	PFD		CN	PFD	CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression/Sadness
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dissociation
<input type="checkbox"/>	<input type="checkbox"/>	Anger/Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disturbed Reality <small>(Hallucinations)</small>
<input type="checkbox"/>	<input type="checkbox"/>	Antisocial Behaviors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disturbed Reality <small>(Delusions)</small>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coping/Symptom Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Control
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cognitive Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disturbance
Gender Identity							
Stress Management							



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<input type="checkbox"/>	<input type="checkbox"/>	Compulsive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Grief/Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	Trauma
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Other:

Current Needs Selected Above as Evidenced By: Joel is anxious and would benefit from learning coping strategies to manage his anxiety. Although his mother does not seem to think that he has any cognitive delays or atypical behaviors, this clinician disagrees and does feel that Joel is cognitively delayed with a lot of excessive motor overflow (hand flapping, atypical hand movements).

Physical Health
CN = Current Need Area
PFD = Person/Family Desires Change Now

CN	PFD		CN	PFD		CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Health Practices	<input type="checkbox"/>	<input type="checkbox"/>	Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Problems
<input type="checkbox"/>	<input type="checkbox"/>	Diet/Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Health Issues			
<input type="checkbox"/>	<input type="checkbox"/>	Other:						

Current Needs Selected Above as Evidenced By:

Risk
CN = Current Need Area
PFD = Person/Family Desires Change Now

CN	PFD		CN	PFD		CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Bullying	<input type="checkbox"/>	<input type="checkbox"/>	Homicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	Self-Mutilation
<input type="checkbox"/>	<input type="checkbox"/>	Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	Self-Harm
<input type="checkbox"/>	<input type="checkbox"/>	Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Running Away	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Aggression
<input type="checkbox"/>	<input type="checkbox"/>	Exploited	<input type="checkbox"/>	<input type="checkbox"/>	Poor Judgment	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Promiscuity
<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Safety/ Self-Preservation Skills	<input type="checkbox"/>	<input type="checkbox"/>	Sexualized Behaviors
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frustration Tolerance/ Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	Sanction Seeking Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Ideation/ Risk
<input type="checkbox"/>	<input type="checkbox"/>	Other:						

Current Needs Selected Above as Evidenced By: Joel becomes easily frustrated when he cannot do something correctly, especially at school.

Other Need Areas
CN = Current Need Area
PD = Person/ Family Desires Change Now

CN	PFD	
<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Other:



Person's Name (First MI Last): Ramirez, Joel	Record #: 1234
Current Needs Selected Above as Evidenced By:	

Clinical Formulation – Interpretive Summary

This Clinical Formulation is Based Upon Information Provided By (Check all that apply):

Person Served
 Parent(s)
 Guardian(s)
 Family/Friend(s)
 Physician
 Records
 Law Enforcement
 Service Provider
 School Personnel
 Other:

Interpretive Summary: What in your clinical judgment are the need areas, the factors that led to the needs, symptoms that support your diagnosis, and your plan to address them?

Joel is a 6 year old Dominican/American boy who currently resides with his mother and younger 3 year old sister. Joel's parents divorced when he was 4 years old and he, according to his mother, has "adjusted" to the divorce. Joel sees his father almost daily and spends every other weekend staying at his house. Joel is close to his maternal grandmother, aunt and younger cousins with whom he often plays. Joel is a curious child with a very loving and supportive family. They also have a strong extended family and belong to a community church. The family is active in their church and they often participate in church related activities.

As previously stated, Joel's developmental milestones were delayed. He currently presents as an anxious child who fidgets and seems to be uncomfortable in his own skin. He often flaps his hands and loves to twirl around on the floor. His verbal skills are not age appropriate and he is unable to communicate effectively to family or peers. He often repeats himself over and over again and cannot sustain a reciprocal conversation. Joel can not sustain any type of eye contact and often appears to be lost in his own world. Academically, he does not grasp the curriculum and this is frustrating to him. As a result, he leaves his work area and refuses to return unless coaxed by his teacher. He is unable to follow 2 and 3 step directions at home or at school. When playing during recess, he plays alone, often on the swings. One time when he was on the playground, he climbed s structure and then could not figure out how to get down, which may suggest motor planning issues as well. He is unable to recognize and interpret social cues and is socially awkward. In addition, Joel is unable to button his shirts or zip his jacket which may imply his having fine motor issues. These symptoms all support the diagnosis of Pervasive Developmental Disorder, NOS. Further testing is needed to establish if Joel has Autism.

Joel's areas of need are to address his anxiety, language and motor difficulties, communication, social and emotional issues to his inability to read social cues and to know how to interact with peers.

Diagnosis: DSM Codes (or successor) ICD Codes (or successor)

Check Primary	Axis	Code	Narrative Description
<input checked="" type="checkbox"/>	Axis I	299.80	Pervasive Developmental Disorder NOS
		299.00	Rule out of Autistic Disorder
<input type="checkbox"/>		300.02	Rule out Generalized Anxiety Disorder
<input type="checkbox"/>		315.31	Rule out Expressive Language Disorder
<input type="checkbox"/>	Axis II	799.9	Deferred
<input type="checkbox"/>		317	Rule out Mild Mental Retardation
<input type="checkbox"/>	Axis III		Allergy to Penicillin and strawberries
<input type="checkbox"/>	Axis IV		Financial difficulties; education problems
<input type="checkbox"/>	Axis V	Current GAF: 55	Highest in Past Year GAF (If Known): 58

Further Evaluations Needed:

None Indicated
 Psychiatric
 Psychological
 Neurological
 Medical
 Educational
 Vocational
 Visual
 Auditory
 Nutritional
 SA Assessment
 Other: Full CORE evaluation, **Speech and Language, Occupational Therapy, Physical Therapy, Sensory Integration and Praxis Test**

Was Outcomes tool administered? Yes No If Yes, specify: **CANS**

Treatment Recommendations / Assessed Needs: No Additional Recommendations Clinically Indicated

A-Active, PD-Person Declined, F/G-Family/Guardian declined, D-Deferred, R-Referred Out (If person or family/guardian declined/deferred/referred out, please provide rationale)

	A	PD*	F/G*	D*	R*
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1. Extensive testing as outlined above	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Emotional regulation skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Decrease symptoms of anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Increase frustration tolerance skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Learn to get along with peers, increase communication skills and increase social skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person's Name (First MI Last): Ramirez, Joel	Record #: 1234
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Person or Family/Guardian Declined/Deferred/Referred Out Rationale(s)
 (Explain why Person Family/Guardian Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred/Referred Out below).

None

1.
2.
3.
4.
5.

Person's Service Preferences, Level of Care/ Indicated Services Recommendation:
 Outpatient level of care; strong collaborations with outside providers identified during testing process; individual therapy; family psychoeducation; medication management

Will person's family be involved with treatment **Yes** **No.** **If yes, specify (include family's response to recommendations, the involvement of family in the assessment process, state agency involvement and other supports):**
 The family is on board to help Joel in all domains of his life. They are also requesting a complete CORE Evaluation for educational needs and school placement.

Date of Service	Provider Number	Loc. Code	Prcdr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code
1-24-13								2:30	3:15	45 minutes	299.80