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| --- | --- | --- | --- | --- | --- |
| **Client Name** |  | **Client ID** |  | **Client DOB** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Effective Date** |  | **Author** |  |

|  |
| --- |
| **Appetite/Meal** |
| N/A Breakfast Ate: Choose an item.  N/A Lunch Ate: Choose an item.  N/A Dinner Ate: Choose an item. |

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| --- |
| **Appearance/Hygiene** |
| Appearance: Neat  Casual  Unkept  Hygiene: Good Fair Poor  Shower/Bath Shampoo  BM Incontinent  Total Care  Assisted Care Independent Care  Hygiene  **Comments:** |

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| --- |
| **Affect** |
| Normal  Abnormal |

|  |
| --- |
| **Mood** |
| Normal  Abnormal |

|  |
| --- |
| **Cognitive Functioning** |
| Logical, Coherent Disorganized Incoherent  Visual Hallucination  Auditory Hallucination  Delusional  Distortions  **Comments:** |
| **Suicidal Ideation** |
| Yes Plan:  No Comments: |

|  |
| --- |
| **Homicidal Ideation** |
| Yes Plan:  No Comments: |

|  |
| --- |
| **Interpersonal Functioning** |
| w/ Staff: Appropriate Inappropriate  w/ Peers: Appropriate Inappropriate  **Comments:** |

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| --- |
| **Behavioral Functioning** |
| Groups, Milieu, Transitions: Appropriate Inappropriate  **Comments:** |

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| --- |
| **Observations of Visitation** |
| Interactions:  Appropriate  Inappropriate  N/A  Name of Visitor:       Relationship: Choose an item.        Relationship: Choose an item.        Relationship Choose an item.  **Comments:** |

|  |
| --- |
| **Patient’s Response to Special Interventions** |
| Current Level Choose an item.  Special Observations: 1:1 all times 1:1 with breast pump CY 1:1 ESAT  1:1 at night 1:1 with cpap DLAM ESBR  1:1 in bathroom CY DLDG ESOOR  1:1 while awake CY with group DOAT ESWA  PP  PPBG RP  Patient Given Assignment:  Yes  No If Yes, Describe:  Patient Completed Assignment: Yes  No  N/A  Describe specialized intervention(s) & response (e.g., assignments, precautions, physical hold, LSI, protocol, family session): |

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| --- | --- | --- | --- |
| Signature |  | Date |  |

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| --- | --- |
| Printed Name & Credentials |  |

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| Cosignatory |  | Date |  |

|  |  |
| --- | --- |
| Printed Name & Credentials |  |