|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. |

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

|  |
| --- |
| **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:**       |

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

|  |
| --- |
| **Observations of Visitation** |
| Interactions: [ ]  Appropriate [ ]  Inappropriate [ ]  N/AName 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 [ ] RPPatient Given Assignment: [ ]  Yes [ ]  No If Yes, Describe:      Patient Completed Assignment: [ ] Yes [ ]  No [ ]  N/ADescribe specialized intervention(s) & response (e.g., assignments, precautions, physical hold, LSI, protocol, family session):      |

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

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If Applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Cosignatory |       | Date |       |

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