

Participant Last Name

Grid for last name

First Name

Grid for first name

Presenting and Assessed Problem

P A

- V15.81 O O Non Compliance With Tx.
V61.10 O O Partner Relational Problem
V61.20 O O Parent/Child Relational Problem
V61.8 O O Sibling Relational Problem
V61.9 O O Relational Problem Related to MH or Medical

P A

- V62.2 O O Occupational Problem
V62.3 O O Academic Problem
V62.4 O O Acculturation Problem (includes deployment/reintegration)
V62.81 O O Relational Problem- NOS

P A

- V62.82 O O Bereavement
V62.89 O O Phase of Live Prob. Religious/ Spiritual Prob.
V65.2 O O Malingering
O O Outside Scope of MOS

Does member have any diagnosis on Axis I or II beyond a V code? O Yes O No

(If yes, list diagnosis _____)

Is issue related to deployment? O Yes O No Is issue related to reintegration? O Yes O No

Risk and Functional Assessment: Indicate participant's level of impairment at case opening and at case closing.
0 = No evidence of impairment; 1 = mild; 2 = moderate; 3 = severe impairment

Table with 3 columns: Category, Case Opening (O0-O3), Case Closing (O0-O3). Rows include Member's risk to self, Member's risk to others, Mood Disturbances, Anxiety, Thinking / Cognition / Memory / Concentration, Impulse / Reckless / Aggressive Behavior, Activities of Daily Living Problems, Medical / Physical Condition, Substance Abuse / Dependence, Job / School Performance, Social Functioning / Relationship / Marital / Family...

Table with 4 columns: Category, None/Denies, Current, History. Rows include Domestic Violence, Child Abuse/Neglect, Sexual Assault.

High Risk Case: O Yes O No Reviewed with VO/MOS consultant? O Yes O No

If yes, with whom? (Consultant's name) _____

Safety plan developed? O Yes O No Please note whether a legally/required report has been filed, where, by whom and when: _____

Counseling Goals:

Table with 5 columns: Goal number, O Met, O Partially Met, O Not Met, O No Change. Rows 1, 2, 3.

Mental Health Treatment History Assessed O Yes O No Notes: _____

Substance Abuse Treatment History Assessed O Yes O No Notes: _____

Strength, Skills, Aptitude and Interests Assessed O Yes O No Notes: _____

Supports Assessed O Yes O No Notes: _____

Case Summary Notes: Please detail

Large empty box for case summary notes.

Case Closing

Case Disposition:

- O Face-to-face assessment / no referral
O Face-to-face assessment / referral accepted
O Face-to-face Assessment / referral declined
O Did not keep initial appointment
O Withdrew before completion of services

Referral Type: (check all that apply)

- O No referral beyond MOS
O TRICARE
O Military Tx. Facility
O Victim Advocate
O Sexual Assault Response Coord
O Family Advocacy Program

- O Other Medical
O Other Substance Abuse
O Other Mental Health
O Community Resource
O Red Cross