Case Management Note

CLIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Client ID: _____ Date of Service: _____ dd / mm / yyyy

Location

◯ In-Person ◯ Telehealth ◯ Phone

PRESENTING CONCERNS / REASON FOR CONTACT

Presenting Concerns / Reason for Contact 1

Presenting Concerns / Reason for Contact 2

UPDATES SINCE LAST CONTACT

Housing

Employment/Education

Legal Issues

Medical/Psychiatric Status

Substance Use

Interventions Provided

CLIENT'S RESPONSE AND PARTICIPATION

Client's Response and Participation 1

Client's Response and Participation 2

Plan / Next Steps

RISK ASSESSMENT

Suicidal/Homicidal Ideation

◯ Yes ◯ No

If Yes, Action Taken

Other Safety Concerns

ADDITIONAL NOTES

Additional Notes 1

Additional Notes 2

Provider Signature

Provider Printed Name: _____ **Date:** _____ dd / mm / yyyy