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| |  |  |  | | --- | --- | --- | | Participants have a history of receiving mental health treatment | YES | No | | Does the participant have a diagnosed mental health problem? | YES | No | | |
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| ASSESSMENT INFORMATION:  Reason for Assessment: Initial 6 Month Reassessment Other  Source of Information: Participant/Spouse Physician Family/Friends  Assessor Name: Date: {CURRENT\_DATE} | |
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| DISCHARGE INFORMATION:  Discharge Date:  reason for Discharge:  Comments: | |
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