

MENTAL HEALTH - SUMMARY OF SERVICES

CHILD'S NAME _____

DATE	PROGRESS NOTE #	SERVICE
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MH1. POTENTIAL SOCIAL-EMOTIONAL ISSUES IDENTIFIED

_____ Social-Emotional Issue Discussed with Parent

MH2. REQUEST FOR MENTAL HEALTH CONSULTATION (WITHIN UMCHS)

_____ Pre-referral Checklist completed and reviewed with Child/Family Manager

_____ Parent Permission Granted

_____ Internal Referral

_____ Individual Observation/Assessment/Consultation

_____ Parent Conference

_____ Positive Guidance Plan Developed

_____ Positive Guidance Plan Evaluated/Revised _____

_____ Functional Behavioral Assessment

MH3. MENTAL HEALTH REFERRAL TO COMMUNITY AGENCY

_____ Need for Referral Discussed with Parent

_____ Referral Made: Agency: _____

_____ Follow-up: _____

MH4. MENTAL HEALTH COUNSELING

----- Child Receiving Counseling Services

Agency _____

MH4. CHILD ABUSE AND NEGLECT REPORTS (record the dates reports are filed and dates DHS-CW reports back)

CA&N Report Filed _____

DHS-CW Follow up on report _____

MH5. PRENATAL AND POSTNATAL DEPRESSION SCALES

_____ Date prenatal scale completed (approximately 32-36 weeks)

_____ Date postnatal scale completed (approximately 2-12 weeks)