|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client: | | | Case #: | | Program: | |
| Date of Service: | | Unit: | | | SubUnit: | |
| Server ID: | Service Time: | | | | Travel Time: | Documentation Time: |
| Person Contacted: | Place: | Outside Facility: | | | Contact Type: | Appointment Type: |
| Billing Type (Language Service  Provided In): | | | | Intensity Type (Interpreter Utilized): | | |
| Diagnosis At Service: ICD-10 Code(s): | | | | | Service: | |

**CRISIS STABILIZATION UNIT (CSU) –REASSESSMENT PROGRESS NOTE**

**CS Admit Time:**       **CS Admit Date:**

**Current Home/Placement Situation:**

**Legal Status:**

**Reason for Presenting to CSU:**

**Substance Abuse:**

**Current Medications:**

**Start Date:**

**Efficacy:**

**Side Effects:**

**Health Concerns:**

**Current Medical and Psychiatric Outpatient Services:**

**Past Psychiatric History:**

**Inpatient Hospitalizations:**

**Previous CSU Evaluations:**

**Previous Suicide Attempts:**

**Family History of Suicide:**

**Substance Abuse:**

**CSU Course:**

**Interview:**

**Mood:**

**Behavior:**

**Evidence of DTS/DTO:**

**PRN Medications:**

**Discussion with Parent(s), Guardian(s), Group Home Staff, Outpatient Clinicians:**

**MSE:**

**AO x 3:**

**Appearance:**

**Musculoskeletal:**

**Psychomotor Activity:**

**Eye Contact:**

**Attitude:**

**Speech:**

**Suicidal Ideation:**

**Homicidal:**

**Mood:**

**Accect:**

**AVH:**

**TC:**

**TP:**

**Associations:**

**Concentration:**

**Memory:**

**Judgment:**

**Insight:**

**Fund of Knowledge:**

**Impulse Control:**

**Impression:**

**Diagnosis:**

**Plan:**

**5150 Status (Hold or Discontinue)**

**Medication Recommended:**

**Psychotherapy Recommended:**

**School Intervention:**

**Disposition:**

**Aftercare Plan:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***Signature/Title/Credential Date Printed Name/Credential/Server ID#

\*I certify that the service/s shown on this sheet was provided by me personally and the service/s were medically necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signature/Title/Credential Date Printed Name/Credential/Server ID#