

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Client Arrival

\_\_\_\_\_  
Date Client Last Seen

### Observational Statement from Outreach/Shelter Worker

- Worker's Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- How long have you known the client? \_\_\_\_\_
- Name of Program: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

On the following chart, please indicate, by checkmark, your client's functioning in each area:

	POOR almost always a problem	LESS THAN ADEQUATE frequently a problem	ADEQUATE only sometimes a problem	VERY GOOD rarely a problem	UNKNOWN
Concentration	_____	_____	_____	_____	_____
Persistence	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Judgment	_____	_____	_____	_____	_____
Memory	_____	_____	_____	_____	_____
Hygiene	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Social Interactions	_____	_____	_____	_____	_____
Interactions with Authority	_____	_____	_____	_____	_____
Follows simple instructions	_____	_____	_____	_____	_____
Follows program rules	_____	_____	_____	_____	_____

Briefly describe the client and/or the client's behavior Current and/or planned treatment:

Please check any of the following adjectives that apply to this client:

Over-active

Calm

Well-groomed

Disoriented

Suicidal

Sad

Anxious

Angry

Uneasy

Distracted

Suspicious of others

Arrogant

Unkempt

Focused

Motivated

Withdrawn

Sociable

Distressed

Confident

Confused

Inactive

Fearful

Isolated

Irritable

Additional comments (use back if needed)

Other contact information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone