

Sample Follow Up Assessment Template

For CRCS, it is recommended that a follow-up assessment be completed periodically (for example, every 90 days). PEMS requires reporting only for the initial assessment and for the final follow-up assessment (the one occurring nearest to discharge.)

COMPREHENSIVE RISK COUNSELING & SERVICES

MEDICAL INFORMATION UPDATE (includes HIV, STDs, TB, and other medical conditions)

- Client has critical, unmet medical needs. Immediate intervention is needed.
- Client has unmet medical needs, but they are not critical. There is a need for intervention, but the need is not immediate at this time.
- No change since last assessment. Client does not have unmet medical needs. No need for intervention at this time.

BASIC NEEDS UPDATE (education, employment, and financial information)

- Client is lacking resources to provide for basic needs (food, clothes). Immediate intervention is needed.
- Client has some resources to provide for basic needs; however these resources are in adequate. There is need for intervention, but the need is not critical.
- Client has adequate resources to provide for needs. There is no need for intervention.

MENTAL HEALTH INFORMATION UPDATE

- Client is in immediate need of mental health evaluation.
- Client is in need of mental health intervention, but the situation is not critical. ?? tools?
- Client may need mental health intervention at a later date, but presently is functioning well within the supports available.
- Client is coping well. There is no need for intervention at this time.

COMPREHENSIVE RISK COUNSELING & SERVICES

SOCIAL SUPPORT UPDATE

- Client appears to be isolated and lacking in any significant, reliable source of social support. Client feels the need for support. Immediate intervention is needed.
 - Client appears to be lacking in any significant sources of social support, but seems comfortable with the situation. Intervention may be explored at a later time.
 - Client has support but feels the need for more resources. This may be explored more fully.
 - Client has an active, acceptable social support network. There is no need for intervention.
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SUBSTANCE USE UPDATE

- Client is currently using drugs/alcohol but does not feel treatment is necessary and is not interested in obtaining treatment.
 - Client is currently using drugs/alcohol and is interested in obtaining treatment.
 - Client is currently in treatment.
 - Client is currently not using drugs.
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LIVING ARRANGEMENT UPDATE

- Situation is unsafe, and/or unacceptable to the client. Immediate intervention is needed.
 - Situation is not permanent or not acceptable to the client. There is a need for intervention, but the need is not critical.
 - Situation is stable and acceptable to the client. There is no need for intervention.
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COMPREHENSIVE RISK COUNSELING & SERVICES

LEGAL UPDATE

- Client needs assistance with several legal issues. Immediate intervention is needed.
 - Client needs assistance with legal issues within the next month.
 - Client may need legal assistance in the future.
 - Client has no legal needs at this time.
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INDEPENDENT LIVING SKILLS UPDATE

- Client needs assistance with many basic functions. He/she is not able to continue living independently. Immediate intervention is needed.
 - Client needs assistance with many basic functions, but can manage with in-home help.
 - Client needs some assistance, but is still able to manage with support services and assistance.
 - Client is able to live independently.
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TRANSPORTATION UPDATE

- Client lacks resources and needs specially arranged transportation.
 - Client has Medicaid and needs specially arranged transportation.
 - Client has adequate transportation for most needs but may need occasionally assistance.
 - Client has adequate transportation.
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COMPREHENSIVE RISK COUNSELING & SERVICES

NEW services client has enrolled in since previous assessment

Type of service _____ Agency name _____

Provider name _____ Telephone number _____

Type of service _____ Agency name _____

Provider name _____ Telephone number _____

Type of service _____ Agency name _____

Provider name _____ Telephone number _____

Services client may need and is eligible for _____

Other observations / issues _____
