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Mini-Cassia
Misdemeanor Mental Health Court
Treatment Status Form

Client Name: _____ Date:_____

Phone number: _____**Start Date in Diversion Court:**_____

Treatment Agency: _____

Caseworker: _____ Phone number: _____

Current Offense: _____
Probation Sentence: _____Time remaining on probation?_____
LSI score: _____
Prior Offenses: _____
Probation Officer: _____ Phone number: _____

Mental Health Diagnosis: _____
Medications: _____

Substance Abuse Diagnosis: _____
Brief Substance Use History, including drugs used and drugs of choice:_____
_____

1- List 5 strengths :
   1-
   2-
   3-
   4-
   5-

2- List 3 of your treatment goals: (listed in service plan)
   A-
   B-
   C-

3- List all treatment you are involved in and expected to attend:
   A- PSR ____ hours per week
   B – Invidual therapy _____ hours per week
   C- Dual Diagnosis group _____ hours per week
   D- MRT group _____ hours per week
   E- Other:
   F- My next psychiatrist appt is scheduled for:_____

Treatment attended this week

A- Participant attended _____ hours of PSR this week.
B- Participant attended_____ hours of individual therapy this week.
C- Participant attended _____ hours of Dual Diagnosis group this week.
D- Participant attended _____hours of MRT this week and is on step____.
E- Other:

4- Caseworker with participant please describe treatment progress with respect to each treatment goal: (listed in service plan)
A-

B-

C-

5- Caseworker with participant please list positive things accomplished this week by participant.

6- Caseworker with participant please list areas that need improvement for this coming week.