



CARE STATUS REVIEW

RESPONDENT INFORMATION:

Petition#: _____

Avatar: _____

Respondent's Name: _____

Preferred Name: _____

Primary Phone Number: _____

Address: _____

City: _____

Pronouns: _____

Primary Language: _____

Add Line 2: _____

ZIP Code: _____

Treatment Provider		Title		Phone	
Provider Agency					

Services Received by Client:

Current diagnosis:

Medication(s) the client is currently taking:

Dates the client met with their treatment providers since the last report/court date:

Date of Client's next scheduled appointment:

DURING THE PROGRESS PERIOD INDICATED ABOVE, THE PARTICIPANT IS:

- Satisfactorily meeting the requirements of his/her/their treatment plan (engaged in treatment, attending appointments regularly, keeps in touch with provider, making progress towards treatment goals, etc.).
- Partially meeting the requirements (attendance at treatment is not consistent, needs further engagement, making some progress, but could be increased, etc. – explain below).
- In need of a higher level of care (explain below).
- Modifications were made to his/her/their treatment plan or there was a change in diagnosis (explain below).
- Non-compliant – is not attending treatment (explain below).
- Pursuant to PC 1001.36(g)(4)(5) the client was determined gravely disabled as defined in WIC 5008(h)(1)(B) and placed on a 5150 hold.
- Other (explain below).



Additional Comments:

Provider's Signature

Date

Please check if applicable

I am trained in assessing for WIC 5150 criteria. I also provide records and reports based upon my clinical treatment. I am not a forensic psychiatrist, and I have not received training regarding how to assess a patient's overall risk to the community or whether they are appropriate for Mental Health Diversion. I have not assessed either this patient's overall risk in the community nor this patient's appropriateness for Mental Health Diversion. If the Court would like an opinion on these matters, I will not be able to provide one and recommend the patient request a forensic psychiatric assessment on this matter.

