

## MENTAL HEALTH INITIAL ASSESSMENT NOTE

<b>Name:</b>		<b>Team:</b>	
<b>DOB:</b>	<b>Age:</b>	<b>PARIS ID:</b>	
<b>Gender:</b>		<b>PHN:</b>	

### Header Details

Date Started:	End Date:
Carried Out By:	Assessment ID:
Recorded By:	Assoc. Referral ID:

### Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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### Treatment Plan

### Needs

Need	Post to C/P	Processed	Comments
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### Other People Involved with Assessment

Who	Association	Comments
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### Copies To Be Sent To

### Other Authorizers

Authorizer:	Date:
Authorizer:	Date:

### Authorization Details

Carried Out By:	Date:
Authorized by:	Date:

Notes:

### Casenote (may have been added after assessment authorized)

----- End of Report -----