Mental Health Contacts

YOUTH DEMOGRAPHICS

First Name:

Middle Name:

Last Name:

Date of Birth:

CONTACT

*Start Date: *End Date:

Location (pick one):

- ☐ Youth's Home
- ☐ School
- ☐ Office

*Type of Contact (pick one):

- ☐ Face to face
- ☐ Video Conferencing
- ☐ Phone

*Intervention Type (pick one):

- ☐ Cognitive-Behavior Therapy
- ☐ Multi-Systematic Family Therapy
- ☐ Play Therapy
- ☐ Group Therapy
- ☐ Mental Health Evaluation
- ☐ Social-Skill Group
- ☐ Family Therapy
- ☐ Dialectical Behavior Therapy
- ☐ Individual Therapy
- ☐ Substance Abuse Evaluation
- ☐ Solution-Focused Counseling
- ☐ Motivational Interviewing/ Enhancement
- ☐ Psychotherapy
- ☐ Intake Assessment

*Duration in Hours: *# Occurrence:

Notes: