

**MENTAL HEALTH - SUMMARY OF SERVICES**

CHILD'S NAME \_\_\_\_\_

| DATE | PROGRESS NOTE # | SERVICE |
|------|-----------------|---------|
|------|-----------------|---------|

**MH1. POTENTIAL SOCIAL-EMOTIONAL ISSUES IDENTIFIED**

\_\_\_\_\_ Social-Emotional Issue Discussed with Parent

**MH2. REQUEST FOR MENTAL HEALTH CONSULTATION (WITHIN UMCHS)**

*INCLUDES ASQ-SE & DECA INDICATING A CONCERN*

\_\_\_\_\_ Pre-referral Checklist completed and reviewed with Ed Mgr

\_\_\_\_\_ Need for Referral Discussed with Parent

\_\_\_\_\_ Parent Permission Granted

\_\_\_\_\_ Internal Referral

\_\_\_\_\_ Individual Observation/Assessment/Consultation

\_\_\_\_\_ Parent Conference

\_\_\_\_\_ Functional Assessment Completed

\_\_\_\_\_ Positive Guidance Plan Developed

\_\_\_\_\_ Positive Guidance Plan Evaluated/Revised \_\_\_\_\_

**MH3. MENTAL HEALTH REFERRAL TO COMMUNITY AGENCY**

\_\_\_\_\_ Need for Referral Discussed with Parent

\_\_\_\_\_ Parent Permission Granted

\_\_\_\_\_ Referral Made: Agency: \_\_\_\_\_

\_\_\_\_\_ Follow-up \_\_\_\_\_

**MH4. CHILD ABUSE AND NEGLECT REPORTS** (record the dates reports are filed and dates DHS-CW reports back)

CA&N Report Filed \_\_\_\_\_

DHS-CW Follow up on report \_\_\_\_\_

**MH5. PRENATAL AND POSTNATAL DEPRESSION SCALES** (for enrolled pregnant teens only)

\_\_\_\_\_ Date prenatal scale completed (approximately 32-36 weeks)

\_\_\_\_\_ Date postnatal scale completed (approximately 2-12 weeks)