



KDHE Case Notes

Which Caregiver Was Involved (Client Name)? Add		Additional Notes:
Date o	of Activity:/	
	n(s) for visit: (select all that apply)	
0	Thinking about hurting self Feeling of guilt/being let-down	
0	Recently physically hurt by other	
0	Afraid of partner/other	·
0		
0	Past substance use problem	
0	Current substance use problem Smoked in past week	
0	Household smoker	
0	Lose control when disciplining child	
0	Kids with medical/special needs	
0	Baby born 3 weeks+ premature	
0	Baby weighed less than 5 lbs 8 oz	
0	Baby not born alive	
0	Baby died within 1st year	
0	No reliable source of income	
0	Can't afford monthly bills	
0	Can't afford food	
0	Home in bad condition	
0	Need safe, stable place to live	
0	Need reliable transportation	
0	Behind in rent/mortgage	
0	Deployed/returned home	
0	Standard/Initial/Follow-up visit	
0	Other	
	Specify other:	
	ne client referred to your organization?	
0	Yes	
0	No	
16	and Defended I	
IT)	yes, Date of Referral/	
	Organization making referral:	
	Reason for Referral:	
	Data of annaimtment.	
	Date of appointment:	
		
	Date patient was notified of appointment:	
	/	·