

JUVENILE SERVICES TEAM MEETING PROGRESS NOTE

Name of Inpatient Facility

Service Recipient					SSN				Medical Record #			
Admission Date		Sex		Age		Date of Birth			Program & Unit			
Judge				Court					Court Order #			
Legal Status	§ 37-1-128	30 Days End			Hearing Date			Estimated Discharge Date				
Date RCS Form Sent To BHO/DCS			Outpatient Referral					Phone				
Current Axis I & Axis II Diagnoses												
Current Medications												
Status of Evaluation Process:		Yes		No		Undetermined		NA				
Evaluation/Diagnosis												
Treatment Recommendations												
Service Recommendations												
Committable												
Competent to Stand Trial												
Support for Insanity Defense												
A&D Assessment												
Psychosexual												
MR Assessment												
Other (specify):												
Recommendations/Comments												
Discharge Plan												
Participants												
Physician				Psychologist				Social Worker				
Recorded by					Date							