Client Name: RASPBERRY TEST Welligent ID: 5161761 Birth Date: 08-Sep-1980

IBHIS ID (DMH Clients):

Appointment Details

Date of Service:	08-Sep-2020
Scheduled/Start Time:	12:13PM
Appointment Duration or Face to Face:	87 (Minutes)
Date Marked as Complete:	10-Sep-2020 12:30PM
Non-Billable Time:	(Minutes)
Provider:	Cardenas, Jennifer
Other Time (Not Face-to-Face):	16 (Minutes)
Travel Time:	9 (Minutes)
Status:	Completed
Primary Action:	Assessment
Reporting Unit:	County Mental Health
Reporting Unit Address:	555 Main Street, Oakland, CA 94619
Reporting Unit ID:	SC
Place of Service:	Home
Other Individuals Present:	Family: Non-Family:
Collateral Visit:	No Specify:
Service Strategy:	00-No Evidence Based Practice/Service Strategy
Evidence Based Practice:	00-No evidence based practice
Appointment Internal ID:	1376642397

Mental Health Notes

Activities/Services

Goals:	The goal of this session was to build rapport with client and caregiver in order to gain information for the clinical assessment.
Interventions:	This clinician conducted an initial intake assessment with client and his father. This clinician gathered information about the reason for seeking treatment, from the client's perspective, and his father's perspective. This clinician asked direct questions regarding client's developmental and and medical history, and assessed for current risk and safety concerns. Clinician evaluated current symptoms of anxiety, irritability, pervasive worrying, and running thoughts that are significantly impacting client's ability to function at home and at school. This evaluation led to a determination that symptoms and impairments are consistent with a diagnosis of Generalized Anxiety Disorder. Clinician introduced the CANS (Child and Adolescent Needs and Strengths) assessment as a tool to help inform and guide treatment needs. Clinician then worked with client and father to reach a consensus on the needs to prioritize in treatment.
Response:	Client was verbal and engaged throughout the session. Client and her father were able to speak clearly and calmly about client's symptoms, though client appeared defensive when talking about impairments as evidenced by crossed arms and avoiding eye contact while father was speaking.

Progress:	Significant progress was made towards information gathering for the clinical assessment.
Plan:	This clinician will continue to gather information for the assessment and document the information on the comprehensive behavioral health assessment form.

Signatures

Electronic Signature/Credentials	September 10, 2020 12:30:24 pm
Jennifer Cardenas, LCSW	Date of Signature