EMPLOYEE RESOURCE SYSTEMS, INC.

CLIENT DATA FORM

Client Name____ __ **SS #**____________________

Risk Factors (SI/HI, Domestic Violence, Sexual Abuse) ___Low ___Medium ___ High ___No risk

____

Safety plan ____

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Additional or Contributing Issues

☐ Academic/Employment ☐ Living/Social Situation ☐ Health/Medical
☐ Family/Relationships ☐ Financial/Legal ☐ Other

Details____

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Psychiatric/Psychological

Current Signs and Symptoms

0 = None
1 = Mild (Impacts quality of life but no significant impairment of day-to-day functioning.)
2 = Moderate (Significant impact on quality of life and/or day-to-day functioning.)
3 = Severe (Profound impact on quality of life **AND** day-to-day functioning.)

Depressed Mood	0 1 2 3	Irritability	0 1 2 3	Tangential	0 1 2 3
Appetite Disturbance	0 1 2 3	Anxiety	0 1 2 3	Loose Assoc.	0 1 2 3
Sleep Disturbance	0 1 2 3	Panic Attacks	0 1 2 3	Delusions	0 1 2 3
Low Energy/Fatigue	0 1 2 3	Phobias	0 1 2 3	Hallucinations	0 1 2 3
Psychomotor Retardation	0 1 2 3	OCD	0 1 2 3	Aggressive	0 1 2 3
Poor Concentration	0 1 2 3	Eating Disorder	0 1 2 3	Conduct Dis.	0 1 2 3
Agitation	0 1 2 3	Paranoia	0 1 2 3	ADHD	0 1 2 3
Lability	0 1 2 3	Sex Dysfunction	0 1 2 3	Other ____________	

Prior treatment History____

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Substance Abuse/Addiction(s)

Onset____

Use Pattern____

Duration & frequency____

Family Hx____

Current Use____

____

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____

FOR ERS USE ONLY ---- CLIENT RECORD #_____________________________

Client Name________________________ __________________ **SS#** ________________________

Date of Session_________________ Date of Authorization____________________

Clinical Impressions_________________________________ Session # ____ ________
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____
____

Rationale/Plan for next session
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____
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Clinician's Signature ____________________________________ Date ___________________

Date of Session___________________ Date of Authorization____________________

Clinical Impressions_________________________________ Session # ____ ________
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Rationale/Plan for next session
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Clinician's Signature ____________________________________ Date ___________________

FOR ERS USE ONLY ---- CLIENT RECORD #__________________________________