



Organization Name:	Program Name:
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Individual's Name (First / MI / Last):	Record #:	DOB:
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Type of Session:

Initial Assessment Session - OASAS (OMH may document using Comprehensive Assessment)

First Follow-up Session

Second Follow-up Session

Individuals Present Individual Present
 Others Present (please identify name(s) and relationship(s) to individual):

OASAS Session Summary

Screening Visit: If approved screening tool was used, document and include summary of feedback to individual:

Brief Intervention: Describe at risk behavior and intervention utilized:

Admission Assessment:
Describe the data evaluated:

Indicate any determination as to recommended level of care:

Planned next steps:

Additional Information as Indicated:

OMH Session Summary

Summary (Intervention(s) provided, Response to Intervention(s) and Progress toward goals and objectives):

Disposition

Continue Assessment:

Admit:

If continuing assessment or admitting describe Initial Plan for Services (If admitting today, provider may skip this section and initiate services by completing at least one goal with one objective on the IAP):

Do Not Admit (Provide rationale and referrals made):

Individual declined services:

Other:

