\*Treatment plans/progress notes can be included as needed,   
but not sent in replacement of completing this form.

|  |  |  |  |
| --- | --- | --- | --- |
| PRTF Name: Click or tap here to enter text. |  | Date: Click or tap to enter a date. | |
| Member Name: Click or tap here to enter text. |  | DOB: Click or tap to enter a date. | |
| Member’s Preferred Name: Click or tap here to enter text. |  | Member’s Pronouns: Click or tap here to enter text. | |
| UR Contact: Click or tap here to enter text. |  | UR Phone #: Click or tap here to enter text. | |
| UR Email Address: Click or tap here to enter text. |  | Fax #: Click or tap here to enter text. | |
| Attending Physician: Click or tap here to enter text. |  |  |  |

CURRENT DIAGNOSIS:

Click or tap here to enter text.

CURRENT MEDS/CHANGES:

List current medications:

Click or tap here to enter text.

Frequency of PRNs given in the last 2 weeks. Oral or IM

Click or tap here to enter text.

Medication changes in the last 2 weeks:

Click or tap here to enter text.

Compliance with meds/treatment:

Click or tap here to enter text.

SAFETY CONCERNS (*ONLY* from the last 2 weeks):

Describe any aggressive or assaultive behavior:

Click or tap here to enter text.

Describe any threatening or intimidating behavior causing fear in others:

Click or tap here to enter text.

Describe any poor boundaries that caused anger in others or that required staff intervention:

Click or tap here to enter text.

Describe how often staff support is needed to help member regulate:

Click or tap here to enter text.

Describe the type of support needed to help youth self-regulate, verbal support, one-on-one support, encouragement to become involved with the group, skills or activities used talking, taking a walk, physical activities what coping skills were used:

Click or tap here to enter text.

Describe member’s attempts to elope:

Click or tap here to enter text.

Describe member’s attempts to self-harm:

Click or tap here to enter text.

Describe any contraband found in member’s possession:

Click or tap here to enter text.

Describe when staff intervention was needed to maintain safety (i.e., climbing on furniture, damaging property, etc.):

Click or tap here to enter text.

Describe member’s difficulties with ADLs (i.e., not eating, eating nonfood items, not keeping themselves clean, etc.):

Click or tap here to enter text.

Describe when member refuses any therapy session, homework given by therapist, or items on their safety plan:

Click or tap here to enter text.

Describe any time member or family refuses to interact with guardian/case worker/ family through visits, phone calls, or passes:

Click or tap here to enter text.

Describe how often member does not follow established rules or does not follow staff directions:

Click or tap here to enter text.

Describe any suicidal or homicidal ideation:

Click or tap here to enter text.

Describe any hallucinations, delusions, responding to internal stimuli:

Click or tap here to enter text.

Antecedence to undesired events, what is the youth responding to?

Click or tap here to enter text.

SERVICES – Describe frequency and progress in the following services:

Individual Therapy:

Click or tap here to enter text.

Family Therapy (if no family therapy, explain why):

Click or tap here to enter text.

Group Therapy / Psychoeducation Groups:

Click or tap here to enter text.

Medication Management:

Click or tap here to enter text.

School:

Click or tap here to enter text.

Barriers to engage in services:

Click or tap here to enter text.

Other:

Click or tap here to enter text.

PROGRESS MADE:

Interactions with staff and peers:

Click or tap here to enter text.

Progress towards goals:

Click or tap here to enter text.

VISITS **–** Describe frequency and feedback expressed by both parent and youth related to interactions. List any reports positive interactions, concerns, barriers and or fears reported by all involved. Should also include the length of the pass or visit was it on or off campus, overnight and was the event terminated early for any reason.

Phone calls:

Click or tap here to enter text.

Visits:

Click or tap here to enter text.

Passes:

Click or tap here to enter text.

D/C PLAN:

Foster care agency if applicable:

Click or tap here to enter text.

D/C placement for this individual member:

Click or tap here to enter text.

If D/C placement is unknown, describe what steps have been taken to locate a discharge placement:

Click or tap here to enter text.

Barriers to successful D/C (i.e. difficulties with placement, difficulties setting up services, etc.):

Click or tap here to enter text.

Factors that will delay discharge:

Click or tap here to enter text.

Approximate date of discharge:

Click or tap here to enter text.

Any other pertinent information to know about this member (for example, custody changes, therapist changes, etc.):

Click or tap here to enter text.

D/C Planner Name: Click or tap here to enter text.

D/C Planner Telephone Number: Click or tap here to enter text.