

Child and Adolescent Huddle Patient Face Sheet

Name of patient:

Primary Counselor:

Age:

If MDD, most recent screenings:

Progress in group:

Progress in individual sessions/ Is LOC appropriate?:

Plan to include natural supports:

Coordination of Care with other agencies (CYS, JPO,APO, etc):

Appropriate Referral to:

Peer support

Physical Health/Wellness

Other community supports

Follow Up: