



Name: Daisy Duck  
Patient ID Number: 6  
DOB: 9/1/1966  
Date Updated: 9/3/2020  
Assessment Type: Initial

## YCSS Comprehensive Assessment

Sources of Information:

School:

School Contact Person:

Psychiatrist:

Mental Health Therapist:

AODA Counselor:

Primary Medical Doctor:

Hospital/Clinic:

Dentist:

Dental Clinic:

Other Provider(s):

Other Social Worker:

Phone:

## Current Services

Crisis Status Management:

Past/Current Information:

Strengths:

Needs:

Legal Status Involvement:

Past/Current Information:

Strengths:

Needs:

Housing/Living Situation:

Past/Current Information:

Strengths:

Needs:

Educational/Vocational:

Past/Current Information:

Strengths:

Needs:



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### YCSS Comprehensive Assessment

Family/Support Network:

Past/Current Information:

Strengths:

Needs:

Basic Needs/Financial:

Past/Current Information:

Strengths:

Needs:

Medical/Physical/Medications:

Past/Current Information:

Strengths:

Needs:

Mental Health/Cognitive:

Past/Current Information:

Strengths:

Needs:

Substance Use:

Past/Current Information:

Strengths:

Needs:

Social/Recreational:

Past/Current Information:

Strengths:

Needs:

Cultural Spiritual:

Past/Current Information:

Strengths:

Needs:

Independent Living/Community Skills:

Past/Current Information:

Strengths:

Needs:



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Life Stressors/Trauma:

Past/Current Information:

Strengths:

Needs:

Life Satisfaction:

Past/Current Information:

Strengths:

Needs:

Summary and Recommendations:

Electronically Signed By: Campbell,Dawn on 9/3/2020