North Country Community Mental Health

EFFECTIVE DATE: _____ **Review in:** _____ **Months**

Persons Attending: (See sign-in sheet) _____

Person's Desires, Choices, Dreams and Needs

Check all that apply and supply narrative or reference to strengths and needs identified below.

- ☐ 1. Family and Social Life:
- ☐ 2. Childhood History:
- ☐ 3. Interpersonal Relationships:
- ☐ 4. Communication:
- ☐ 5. Employment/Education/Day Program:
- ☐ 6. Legal (including guardian):
- ☐ 7. Health (including dietary, eating/feeding guidelines, restrictions, family planning issues, supervision required; indicate any need for nursing interventions):
- ☐ 8. Psychiatric/Behavioral:
- ☐ 9. Basic Needs (including food, clothing, care, living arrangements, household chores, maintenance):
- ☐ 10. Financial (including payee, benefits):
- ☐ 11. Gambling:
- ☐ 12. Safety:
- ☐ 13. Abuse/Neglect:
- ☐ 14. Mobility/Adaptive Equipment Used/Needed:
- ☐ 15. Environmental Modifications:
- ☐ 16. Spiritual:
- ☐ 17. Cultural:
- ☐ 18. Leisure/Recreation:
- ☐ 19. Alcohol/Other Drug-Related Concerns:
- ☐ 20. Sexuality Issues:
- ☐ 21. Add'l Consultations Needed:
- ☐ 22. Crisis Plan:
- ☐ 23. Other:

Narrative:

Name:	DOB	ID #	Date

Plan of Service
Face Sheet

Section A