

Doe, Jordan Pt #: 123456789DOB: 1/1/1980Age: 35Sex: Unknown
6/11/2015with Provider, Demo
Encounter #: V123456

CAPS TRIAGE FORM

Type of contact: telephone in-person [clear](#)

Demographics:

(REQUIRED: Verify and/or update any student demographic information in OpenRegistration.)

Okay to contact phone number: none

Insurance: yes no [clear](#)

Ethnicity:

Confidentiality:

Confidentiality reviewed: yes no [clear](#)

Nature of encounter discussed: yes no [clear](#)

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Client referred by:

- Self Significant other Fellow student Parent/ Guardian
 Student Health Service Residential Life Dean/ Academic Advisor
 Professor Coach AFSP ISP Other referral source

< Enter text here >

ASSESSMENT

Reason for Contact:

< Enter text here >

History and Relevant Information

All Negative

Current counseling yes no not applicable [clear](#)

Prior counseling (including CAPS) yes no not applicable [clear](#)

Past psychiatric hospitalization yes no not applicable [clear](#)

Current psychiatric medications yes no not applicable [clear](#)

Past psychiatric medications yes no not applicable [clear](#)

Other medications yes no not applicable [clear](#)

- Current medical problems yes no not applicable [clear](#)
- Thoughts of harming self yes no not applicable [clear](#)
- Thoughts of harming others yes no not applicable [clear](#)
- Recent physical assault yes no not applicable [clear](#)
- Recent sexual assault yes no not applicable [clear](#)
- Alcohol consumption yes no not applicable [clear](#)
- Drug use yes no not applicable [clear](#)
- Body image concern yes no not applicable [clear](#)
- Eating disorder concern yes no not applicable [clear](#)
- Current academic difficulties yes no not applicable [clear](#)
- Any strange experiences such as hearing voices or seeing things that others do not see or hear yes no not applicable [clear](#)

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Family history:

All Negative

+ -

depression

+ -

eating disorders

+ -

alcohol abuse

+ -

drug abuse

< Enter text here >

Allergies, Medications and Problem List

Mental Status Exam

DIAGNOSTIC IMPRESSIONS

< Enter text here >

Diagnoses *(required)*

Encounter Code *(required)*

Add-on CPT/ Testing Codes

I provided psychotherapy for minutes during this session.

Interventions

- provided referrals over the phone
- will follow-up via secure message/ email with referrals
- informed caller of CAPS day and night crisis services
- phone consult and information given
- student declined services offered

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TREATMENT PLAN / GOALS

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On campus resources provided:

- Student Health Services Disability services Health promotion Career services
- EOP Residential life other on-campus department

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Referrals

Disposition

Handouts