

Sample

**Initial Behavior Health Assessment
Case Management Summary**

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| Client Name: | |
|---------------------|--|

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|--------------------------------|--|--|-----------------------|--|
| Person Drafting Summary | | | Date of Intake | |
|--------------------------------|--|--|-----------------------|--|

1). Identified indicators of behavioral risks:

2). Identified areas of highest risks:

3). Risk Level Identified (*Select One Area*):

Client has minimal to no knowledge of HIV/AIDS/STIs/Hep C, and puts self/others at risk. Immediate intervention is needed.

Recommendation: (*i.e., Behavioral Health Case Management Program, Testing/Counseling*).

Perception of client's readiness for changing behavior(s):

Client has minimal knowledge of HIV/AIDS/STIs/Hep C, but is not an immediate risk to self/others. There is need for prevention education.

Recommendation: (i.e., prevention services at a minimal level – prevention education that include basic information on HIV/STIs/Hep C, and skills around safe sex negotiation and risk reduction methods).

Client has adequate knowledge of HIV/AIDS/STIs/Hep C, no intervention at this time is needed.

Recommendations: (i.e., reassess client during service plan up dates, or any time a case manager feels it's necessary due to change in client's behaviors that might put them at immediate risk).

Recommended date for reassessment:

Case Manager's Summary:

Sample

**Initial Behavior Health Assessment
Case Management Summary
Client Case Plan**

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| Client Name: | |
|---------------------|--|

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|-------------------------------|--|---------------------|--|
| Person Conducting Plan | | Date of Plan | |
|-------------------------------|--|---------------------|--|

Identified Risk Behavior(s):

- 1).
- 2).
- 3).

Case Action Plan:

Risk Behavior #1:

| Case Plan Goals: | Case Plan Objectives: | Action Steps: |
|-------------------------|------------------------------|----------------------|
| | | |

Risk Behavior #2:

| Case Plan Goals: | Case Plan Objectives: | Action Steps: |
|-------------------------|------------------------------|----------------------|
| | | |

Risk Behavior #3:

| Case Plan Goals: | Case Plan Objectives: | Action Steps: |
|-------------------------|------------------------------|----------------------|
| | | |

Referral Services:

Type of Service:
Agency Name:
Providers Name:
Telephone:
Date Referred:

Type of Service:
Agency Name:
Providers Name:
Telephone:
Date Referred:

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