

# JUVENILE SERVICES TEAM MEETING PROGRESS NOTE

**Name of Inpatient Facility**

<b>Service Recipient</b>					<b>SSN</b>			<b>Medical Record #</b>		
<b>Admission Date</b>		<b>Sex</b>		<b>Age</b>		<b>Date of Birth</b>		<b>Program &amp; Unit</b>		
<b>Judge</b>				<b>Court</b>				<b>Court Order #</b>		
<b>Legal Status</b>	§37-1-128	<b>30 Days End</b>			<b>Hearing Date</b>			<b>Estimated Discharge Date</b>		
<b>Date RCS Form Sent To BHO/DCS</b>			<b>Outpatient Referral</b>					<b>Phone</b>		
<b>Current Axis I &amp; Axis II Diagnoses</b>										
<b>Current Medications</b>										
<b>Status of Evaluation Process:</b>		<b>Yes</b>	<b>No</b>	<b>Undetermined</b>	<b>NA</b>					
<b>Evaluation/ Diagnosis</b>										
<b>Treatment Recommendations</b>										
<b>Service Recommendations</b>										
<b>Committable</b>										
<b>Competent to Stand Trial</b>										
<b>Support for Insanity Defense</b>										
<b>A&amp;D Assessment</b>										
<b>Psychosexual</b>										
<b>MR Assessment</b>										
<b>Other (specify):</b>										
<b>Recommendations/Comments</b>										
<b>Discharge Plan</b>										
<b>Participants</b>										
<b>Physician</b>				<b>Psychologist</b>				<b>Social Worker</b>		
<b>Recorded by</b>					<b>Date</b>					