



Mental Health Checklist

Date: _____

CASA Volunteer: please attach copy of court entry/appointment for provider

Child's name: _____ Date of birth: _____

Therapist's name: _____ Phone: _____

Therapist works for: _____

Email: _____

✓	Collect Information, Monitor & Report
	Review past records or contact previous providers
	Obtain family history
	Obtain mental health assessments, such as DAF
	Obtain diagnosis(es)

✓	Medication Management
	Name, address and phone number of current medication provider:
	Medication(s) & dosage(s):
	Attend medical-somatic (med-som) appointments (appointments with the prescriber)
	Invite parent/caregiver to attend med-som appointments
	Parent/caregiver attended med-som appointment(s)?
	Appointment history:

Treatment(s) & Services
Type(s) of treatment/service received:
Start date:
Frequency:
Treatment Goals:
Progress/Engagement with Therapy:
Concerns:
Additional Service Recommendations:
Anticipated Treatment End: