

Client Name: _____

Section II. Clinician Section

9. BIS Number: _____

10. Diagnosis: Axis I: [] _____
Axis II: [] _____
Axis III: [] _____
Axis IV: _____
Axis V: _____

11. Please list any medication(s) client is currently taking (up to 6):

| | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Signature _____

12. Date last hospitalized:

13. Please list any major medical issues:

14. Does client have a history of alcohol/substance abuse?

Yes, currently (list types and frequencies):

Yes, in the past (list types and frequencies):

If yes, is the client clean and sober now: ___ Years ___ Months

No

15. Does client have any known history of violence? Yes No
If so, how long ago?

Please explain:

Client Name: _____

16. Is the client on probation or parole? Yes No
If yes, please provide the parole officer contact information:

17. Precipitators that lead to acute symptomatology (red flags)/ Reaction to Stress (Client Response to Red flags)

18. Support system:

19. Suggested strategies and/or reasonable accommodations for working with this client:

20. Vocational Performance Strengths/Challenges (This list is particularly significant in vocational planning)

21. Occupations or situations to be avoided:

22. Ability to tolerate full day of employment or training (Please explain any health issues that may impact work tolerance):

23. Coping skills/Ability to manage change/Ability to work and get along with others/ability to accept feedback:

24. Ability to work independently:

25. Motivation and cooperation:

Client Name: _____

26. Educational level – learning, reading, writing ability:

27. The barriers to employment e.g.: cognitive difficulties, developmental disabilities, hygiene and concentration deficit:

Provider Support System:

| | |
|----------------------|---------|
| Referring Counselor: | |
| Phone: | Agency: |
| E-mail: | Fax: |

| | |
|---------------|---------------|
| Psychiatrist: | Phone/E-mail: |
| Case Manager: | Phone/E-mail: |
| Therapist: | Phone/E-mail: |
| Conservator: | Phone/E-mail: |
| Others: | |

| | |
|--------------------|---------------|
| Emergency Contact: | |
| Name: | Relationship: |
| Phone: | E-mail: |

For referral to CVE, Inc., - 1425 Folsom St, San Francisco, CA 94103
Phone: [415] 544-0424
Fax:[415] 544-0351

For referral to RAMS, Inc., - Hire-Ability, 1234 Indiana St, San Francisco, CA 94107
Phone: [415] 282-9675
Fax:[415] 920-6877

For referral to Transitional Volunteer Program [TVP] – 1675 California St, San Francisco, CA 94109
Phone: [415] 982-8999
Fax: [415] 982-0890