



MENTAL HEALTH ROUNDTABLE CASE PRESENTATION PREPARATION FORM

Client Demographics

Date _____

CCS # _____ Last _____ First _____ MI _____

Name Goes By _____ Pronoun _____ Gender Identity _____

DOB _____ Sex at Birth _____ Race/Ethnicity _____

Primary Diagnosis _____

Primary Caregiver _____ Relation to Child/Youth _____

Primary Care Physician/Medical Home _____

Primary SCC _____

Primary CCS Specialist _____

Medical Home/Private Duty Nursing _____ Insurance _____

Agency Involvement

School Attending _____ Current IEP Home Health: Hrs/Week _____

CCS RCEB IHSS Other _____

MTU _____ Mental Health Services from _____

Compounding Issues/Barriers to Care

Barriers to Home Visiting Transportation Facility not ADA Compliant Language

Cultural Unresponsive Provider _____ How Long _____

Wait Time for Services: Provider Name _____

Case Specifics

Situation: Succinctly describe **current issues of the case**, particularly those impacting the mental health of the CCS client and their family

Background: Briefly describe background information related to the client's physical and mental health e.g. family history, cultural factors, social/educational environments, systemic barriers.

Assessment: Considering the above, what is your assessment of what the client and family wants and needs?

Recommendations: What recommendations do you have for this case? How can Roundtable members assist you to help this client?