



Organization Name:		Program Name:	
Individual's Name (First / MI / Last):		Record #:	DOB:
<div style="text-align: center;">Type of Session:</div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Initial Assessment Session - OASAS (OMH may document using Comprehensive Assessment)</div><div style="width: 50%;"><input type="checkbox"/> First Follow-up Session</div><div style="width: 50%;"><input type="checkbox"/> Second Follow-up Session</div></div>			
<div style="display: flex;"><div style="flex: 1;">Individuals Present</div><div style="flex: 1;"><input type="checkbox"/> Individual Present <input type="checkbox"/> Others Present (please identify name(s) and relationship(s) to individual):</div></div>			
<div style="text-align: center;">OASAS Session Summary</div> <div style="padding: 5px;"><input type="checkbox"/> Screening Visit: If approved screening tool was used, document and include summary of feedback to individual:</div> <div style="padding: 5px;"><input type="checkbox"/> Brief Intervention: Describe at risk behavior and intervention utilized:</div> <div style="padding: 5px;"><input type="checkbox"/> Admission Assessment: Describe the data evaluated:</div> <div style="padding: 5px;">Indicate any determination as to recommended level of care:</div> <div style="padding: 5px;">Planned next steps:</div> <div style="padding: 5px;">Additional Information as Indicated:</div>			
<div style="text-align: center;">OMH Session Summary</div> <div style="padding: 5px;">Summary (Intervention(s) provided, Response to Intervention(s) and Progress toward goals and objectives):</div> <div style="padding: 5px;">Disposition <input type="checkbox"/> Continue Assessment: <input type="checkbox"/> Admit:</div> <div style="padding: 5px;">If continuing assessment or admitting describe Initial Plan for Services (If admitting today, provider may skip this section and initiate services by completing at least one goal with one objective on the IAP):</div> <div style="padding: 5px;"><input type="checkbox"/> Do Not Admit (Provide rationale and referrals made):</div> <div style="padding: 5px;"><input type="checkbox"/> Individual declined services:</div> <div style="padding: 5px;"><input type="checkbox"/> Other:</div>			

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