Kansas Department of Health and Environment

DAISEY

KDHE Case Notes

Which Caregiver Was Involved (Client Name)?

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Date of Activity: _______________

Reason(s) for visit: (select all that apply)

- Thinking about hurting self
- Feeling of guilt/being let-down
- Recently physically hurt by other
- Afraid of partner/other
- Past substance use problem
- Current substance use problem
- Smoked in past week
- Household smoker
- Lose control when disciplining child
- Kids with medical/special needs
- Baby born 3 weeks+ premature
- Baby weighed less than 5 lbs 8 oz
- Baby not born alive
- Baby died within 1st year
- No reliable source of income
- Can't afford monthly bills
- Can't afford food
- Home in bad condition
- Need safe, stable place to live
- Need reliable transportation
- Behind in rent/mortgage
- Deployed/returned home
- Standard/Initial/Follow-up visit
- Other
- Specify other: ____________________________

Was the client referred to your organization?

- Yes
- No

If yes, Date of Referral ______________

Organization making referral:

____

Reason for Referral: ______________________

____

Date of appointment:

____

Date patient was notified of appointment:

____

Additional Notes: