Family Expectations Evaluation

- Treatment Consent

Expectation of Treatment: (Check all that apply)

❑ Stabilization ❑ Safety ❑ Medication Evaluation

❑ Other _____

Expectation for Involvement in Care: (Check all that apply)

I am willing to participate in: ❑ Family Therapy ❑ Family Phone Calls ❑ Family Visits

❑ Other _____

Assessment of Child's Strengths: (Check all that apply)

❑ Intelligent	❑ Insightful	❑ Good Problem Solver	❑ Kind / Compassionate
❑ Helpful	❑ Leader	❑ Responsible	❑ Good Social Skills
❑ Resilient	❑ Humorous	❑ Goal Directed	❑ Good Communication Skills
❑ Creative	❑ Flexible	❑ Good Health	❑ Other _____

Assessment of Barriers to Treatment: (Check all that apply)

❑ Poor Communication Skills	❑ Poor Social Skills	❑ Anger Issues
❑ Poor Self Esteem	❑ Pessimistic	❑ Rigidity
❑ Poor Attention Span	❑ Poor Health	❑ Personal Attitude
❑ Drug / Alcohol Addiction	❑ No Accountability	❑ Other _____

Long Term Goals for Treatment: (Check all that apply)

❑ Improve Social Skills	❑ Improve Anger Management
❑ Improve Family Relations	❑ Medication Management
❑ Decrease Symptomology	❑ Other _____

_____ **(Please initial)** **I have been given the opportunity to express my expectations and did receive education and a copy of the Family Information Packet that includes information regarding patient/resident rights, grievance procedure, correspondence, visitation, behavioral management, emergency procedures, abuse and neglect, and religious/cultural policy.**

You have a right to receive a copy(ies) of the authorization to obtain/disclose protected health information. If you wish to have a copy of the releases of information please indicate so by checking below.

❑ Yes, I have accepted a copy of the authorization to obtain or disclose protected health care information.

❑ No, I have declined a copy of the authorization to obtain or disclose protected health care information.

Parent / Guardian Signature: _____ **Date:** _____

Patient Identification – Write in or attach patient label

Name:

MRN #:

CSN #:

Age/Sex:

KootenaiHealth

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