

Mental Health Program
Notification Report

Client Name: _____ Intake Date: _____ PACTS# _____

To:

From:

| | |
|-------------------------------|------------------|
| U.S. Probation Officer | Therapist |
|-------------------------------|------------------|

Method of Report:

Mail _____

Fax _____

Intake Report

The above named client was scheduled for Mental Health intake on ____ - ____ - ____

- Client reported as instructed and completed intake. At ____:____ AM/PM
- Client reported but failed to complete intake.
- Client failed to report for intake as scheduled.

Violation Report

- Client has not contacted office for appointment
- Client failed to report for services on ____ - ____ - ____ at ____:____ AM/PM
- Client called on ____ - ____ - ____ at ____:____ AM/PM
- Next appointment is scheduled for ____ - ____ - ____ at ____:____ AM/PM
- Other:

Comments and Recommendations

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Signature: _____ Date: _____