

**FIELDS OF DREAMS.COM
INTAKE FORM PAGE 4 OF 4**

Contact Person(s) and Relationship					
Name	Dianna Clarke-mom	Address	678 Newtown Pike	Phone	859-234-8465
Name	Darnell Clarke-dad	Address	678 Newtown Pike	Phone	859-236-5483
Name		Address		Phone	
<p>What ways may Field of Dreams help you in choosing career placement? Show me the choices that I have with a baby on the way.</p>					
<p>Please read carefully:</p> <ul style="list-style-type: none"> - I hereby apply for services through Fields of Dreams in my career search. - I grant Fields of Dreams the right to release and utilize my information relative to my case to further my search for colleges as explained to me in the contract or refer me to services to better assist me with my search as may be recommended. - I understand my confidential information is protected by federal regulations and/or state law. - I understand that this information will be utilized to determine my eligibility and the nature, scope or otherwise deemed appropriate for Fields of Dreams services in providing me an employment outcome. - I have been provided a copy of the agency's contract and it has been discussed with me. This includes the manner in which Fields of Dreams will provide services and my rights as an applicant, including the opportunity to exercise informed choice throughout this process. 					
Signature of Applicant (If under 18, Parent or Legal Guardian Must Sign)				Date	
<i>Jeff Clarke</i>				11/5/08	
Signature of Parent/Guardian				Date	
<i>Dianna Clarke</i>				11/5/08	
(for office use only)					
<input type="checkbox"/> Personality Analysis	<input checked="" type="checkbox"/> Stress Analysis	<input checked="" type="checkbox"/> Anxiety Analysis	<input type="checkbox"/> Fear Analysis	<input checked="" type="checkbox"/> Relationship Analysis	
<input checked="" type="checkbox"/> Depression Analysis	<input checked="" type="checkbox"/> Interpersonal Relationships				
(see testing order form for additional tests within specified sections)					
<input type="checkbox"/> Referral to Vocational Placement	<input checked="" type="checkbox"/> Referral to Counseling	<input checked="" type="checkbox"/> Other (see notes)			



FIELDS OF DREAMS
2342 CHOICES WAY
MAYSVILLE, KY 41056
1-606-584-8988

"IT'S ALWAYS GAME TIME, WHEN IT IS YOUR FUTURE AT STAKE"

MENTAL STATUS EXAM

CLIENT NAME Jeffery Clarke DATE 11/5/08

EVALUATOR M. Elliott MA LPCA

A. INFORMED CONSENT

CONFIDENTIALITY

B. EVALUATION METHODS

INTAKE INTERVIEW PRE-CONFERENCE MEETING

WE INTERACTED FOR A TOTAL OF 105 MINUTES.

SETTING OF CONTACT: PROFESSIONAL OFFICE SCHOOL HOME

C. MENTAL STATUS DESCRIPTORS

1. APPEARANCE AND SELF CARE

STATURE: AVERAGE SMALL TALL

WEIGHT: AVERAGE OVERWEIGHT OBESE UNDERWEIGHT 180 POUNDS

CLOTHING: NEAT CARELESS DIRTY

WEATHER APPROPRIATE: YES NO

MOTOR ACTIVITY: SLOW RESTLESS AGITATED NORMAL

2. SENSORIUM

ATTENTION: NORMAL UNWARE INATTENTIVE CONFUSED

CONCENTRATION: NORMAL SCATTERED PREOCCUPIED

3. RELATING

EYE CONTACT: NORMAL AVOIDED NONE

FACIAL EXPRESSION: RESPONSIVE CONSTRICTED TENSE ANXIOUS

SAD DEPRESSED ANGRY

ATTITUDE TOWARD EXAMINER:

COOPERATIVE DEPENDENT DRAMATIC PASSIVE

SILLY RESISTANT SARCASTIC IRRITABLE

4. AFFECT AND MOOD

AFFECT: APPROPRIATE RESTRICTED BLUNTED FLAT

MOOD: PESSIMISTIC DEPRESSED EUROPHIC EUTHYMIC

5. STRESS

STRESSORS: MONEY HOUSING CAREER CHOICES

FAMILY CONFLICT WORK TRANSITIONS

EDUCATION

COPING ABILITY: NORMAKL RESILANT EXHAUSTED OVERWHELMED

SUPPORTS: FAMILY FRIENDS SPOUSE CHURCH

SCHOOL TEAM OTHER _____

6. SOCIAL FUNCTIONING:

MATURITY: RESPONSIBLE IRRESPONSIBLE SELF-CENTERED

IMPULSIVE

JUDGEMENT: NORMAL STREET SMART NAÏVE VICTIMIZED

OTHER ASPECTS OF MENTAL STATUS:

Client was pre-occupied.

FAMILY ASSESSMENT/CONTACT

Assessment Date: 11-5-2008

(Children)

Name Jeffery Clarke

SSN: 402-57-1693 Age: 17

DOB: 11-5-91 Race: bi-r

Last School Attended: Lexington Catholic

Grade: 12

Name Neveah Clarke

SSN: 267-93-1487 Age: 6

DOB: 6-9-02 Race: bi-r

Last School Attended: Lex. Catholic Elem.

Grade: 1

Name _____

SSN: _____ Age: _____

DOB: _____ Race: _____

Last School Attended: _____

Grade: _____

GOAL ATTAINMENT SCALE

Family Signature: Jeff Clarke

Case Number: 496

Therapist Signature: Misty Elliott MA

Statement of Problem: increase knowledge about career choices

Description of Goal: Jeffery will obtain and review information about career choices to make informative decisions.

Goal Number 1 Weight 1 (9 most & 1 least)

Whose Goal? Jeffery, Parents, Specialist

Date When Scaled 11-5-08 Rating When Scaled -1

Date When Scored _____ Rating When Scored _____

SCALE	Jeffery will obtain + review - make a final career path.
+2	
+1	Jeffery will obtain + review - make a narrowed decision about career path.
0	Jeffery obtains and reviews - but makes no decision
-1	Jeffery will obtain + review - asks for help w/ career options
-2	Jeffery will obtain + review - has no interest / no help wanted

APPROPRIATED TIME LOG SUMMARY

Family Clarke
Case Number 4916
Therapist M. Elliott MA LPCA
Date _____

Summary: (Please round off appropriated time figures to the nearest quarter hour.)

1. Face to Face Time with Client:
2. Face to Face Time with Collateral:
3. Telephone Time with Client:
4. Telephone Time with Collateral:
5. Team Meeting Time:
6. Transportation Time:
7. Paperwork Time:
8. Other Time:
9. TOTAL TIME:

Therapist

Therapist

Supervisor

CONTACT LOG

Family Clarke
Case Number 496
Therapist Elliott
Referring Worker Lex Catholic

Joint visit with referring worker-initial visit
Joint visit with referring worker-termination visit

Y or N Date 11-5-08
Y or N Date _____

Circle Type of Contact

Date 11-5-2008 Case Consultation Phone Call/Other Meeting
met w/ client - completed intake

Date 11-7-2008 Case Consultation Phone Call/Other Meeting
left message w/ school counselor
about transcript

Date 11-9-2008 Case Consultation Phone Call/Other Meeting
Counselor will mail transcript to office
when release is faxed

Date _____ Case Consultation Phone Call/Other Meeting
Time 2:15pm

Date _____ Case Consultation Phone Call/Other Meeting
Time _____

Date _____ Case Consultation Phone Call/Other Meeting
Time _____

Date _____ Case Consultation Phone Call/Other Meeting
Time _____

Date _____ Case Consultation Phone Call/Other Meeting
Time _____

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

Date _____ Time _____
Case Consultation/Phone Call/Other Meeting

_____ Time _____

Date: 10-17-08

Time: 7:00 p.m.

We began the development of my vocational guidance questionnaire. Worked with my partner to discover the most effective and efficient questions to ask. We developed 32 questions for the Interview Intake Questionnaire.

Misty Elliott MA
LPCA

Date: 10-18-08

Time: 2:15 p.m.

We finished developing the Questionnaire. We worked on the Mind Test and scored it. We discussed types of test to give using results from the Mind Test.

Misty Elliott MA
LPCA

Date: 10-29-08

Time: 6:00 p.m.

My client and I discussed the test I selected for her and we narrowed it down to three: Assertion Questionnaire, Stress Quiz, Fear Survey Schedule II, and Beck's Depression Inventory. We also discussed the main project and write up, and how we were going to proceed with it.

Misty Elliott MA
LPCA

Date: 11-1-08

Time: 9:30 a.m.

My partner and I worked on the intake form, making changes, looking over test and scoring them. There were several tests we threw out and went with different ones based on what we came up with for our intake and the direction it was geared toward. A third person was added to our group because her partner didn't show up for classes all weekend.

Misty Elliott MA
LPCA

Date: 11-3-08

Time: 6:00 p.m.

The intake form was filled out and questions were asked. We also discussed the final project and the direction we wanted to go with it. The sessions went really well and we enjoyed completing the questionnaire for this project.

Misty Elliott MA
LPCA

Date: 11-5-08

Time: 6:00 p.m.

The intake form was filled out and questions were asked. We also discussed the final project and the direction we wanted to go with it. The sessions went really well and we enjoyed completing the questionnaire for this project.

Misty Elliott MA
LPCA

GOAL ATTAINMENT SCALE

Family Signature: Jeff Clarke

Case Number: 496

Therapist Signature: Misty Elliott MA

Statement of Problem: increase knowledge about college choices and opportunity

Description of Goal: Jeffery will obtain and review information about college choices to make informative decisions.

Goal Number 2 Weight 6 (9 most & 1 least)

Whose Goal? Jeffery, Parents, Specialist

Date When Scaled 11-5-08 Rating When Scaled -1

Date When Scored _____ Rating When Scored _____

SCALE	
+2	Jeffery reviews information and chooses appropriate college.
+1	Jeffery reviews information and narrows college search.
0	Jeffery obtains and reviews however makes no decisions
-1	Jeffery asks for assistance with college choices
-2	Jeffery has no interest in seeking help w/ college choices