MENTAL HEALTH ENCOUNTER REPORT

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>FACILITY</th>
<th>UNIT (optional)</th>
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**Subjective Complaint/Objective Findings/Assessment/Evaluation:**
Reason for encounter:

**Diagnosis/Plan/Rx:** (Diagnosis required for medication orders. Allergies required for new medication orders.)

☐ Risks/benefits of recommended intervention explained; patient consents.

Name and Title of Employee/Contract Staff Performing Encounter:  
Signature:

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.