

PRSN SPECIAL POPULATION EVALUATION- Optional Paper Form

Use of this form is optional. Information can be directly entered into Profiler, in lieu of paper form.

Program: _____ Therapist: _____

Geriatric _____ Child _____ Disability _____ Client Identified Ethnicity _____

Specialist: _____ Phone or Face To Face

Client participated: Yes No

Not Completed- reason: _____

PROFILE: To be completed by person seeking consult.

CULTURAL CONSULTATION ISSUES: To be completed by person seeking consult and modified by Specialists, as needed.

SPECIALISTS RECOMMENDATIONS: Consider cultural/ spiritual beliefs; coordination with family, tribes and other cultural resources; most effective treatment approaches. To be completed with information provided by the Specialists.

Follow-up with Specialists indicated at this time.

Staff Signature

Date

Print Consumer Name

Date

* To be completed for all External Consultations by PRSN provider requesting consultation.