

**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.