

**START PROGRAM TCC & URC RECORD**

Facility Name: \_\_\_\_\_  
Client Name: \_\_\_\_\_

TCC/URC Date: \_\_\_\_\_  
Admit Date: \_\_\_\_\_

Client attended this meeting? YES  NO  If no, explain: \_\_\_\_\_  
Input from client (regarding treatment requests, suggestions or preference): \_\_\_\_\_

Progress and status of presenting symptoms (per client report & staff observations): \_\_\_\_\_

Response to Medications (per client report & staff observation): \_\_\_\_\_

Input from Other Mental Health Providers (if applicable): \_\_\_\_\_

Treatment Recommendations (effective interventions, treatment approach, focus of treatment, housing, follow-up treatment, medications...): \_\_\_\_\_

Change in Diagnostic Impression:  No Change from Dx at Admission  Change Noted Below

Axis I \_\_\_\_\_  
Axis I \_\_\_\_\_  
Axis II \_\_\_\_\_  
Justification: \_\_\_\_\_

D/C Plans: D/C Date: \_\_\_\_\_ Is client at risk for readmission? No  Yes   
Housing: \_\_\_\_\_ Finances: \_\_\_\_\_  
Med Monitoring: \_\_\_\_\_ Tx: \_\_\_\_\_  
Other: \_\_\_\_\_

Signatures of staff attendees: \_\_\_\_\_

DATE OF NEXT REVIEW:

REVIEW DATE: \_\_\_\_\_

Note Progress (sxs, med. changes, response to meds., extension needed...) \_\_\_\_\_

Signatures of staff attendees: \_\_\_\_\_

County of San Diego  
Health and Human Services Agency  
Mental Health Services

START TCC & URC RECORD (06/2005)

Client: \_\_\_\_\_

Medical Record No: \_\_\_\_\_

Program: \_\_\_\_\_