

DOCUMENT BOTH PROBLEMS AND STRENGTHS (give examples when applicable)

LIVING ARRANGEMENT (type, instability, risks, etc.) \_\_\_\_\_

SELF-CARE (grooming, food, shelter, use of resources, etc.) \_\_\_\_\_

RESPONSIBILITIES (work, school, chores, parenting, etc.) \_\_\_\_\_

SOCIAL RELATIONSHIPS (marital, family, friends, etc.) \_\_\_\_\_

PERSONAL SUPPORT SYSTEM \_\_\_\_\_

SUBSTANCE USE/PROBLEMS \_\_\_\_\_

HEALTH (hospitalizations, untreated health problems, diet, sleep, etc.) \_\_\_\_\_

SIGNIFICANT SYMPTOMATOLOGY (mood, psychotic features, etc.) \_\_\_\_\_

PROGRESS WITH RECOVERY & GOALS \_\_\_\_\_

IMPAIRMENT OR LIKELY DETERIORATION IN FUNCTIONING (above and others), OR (children only)  
PROBABILITY OF NOT PROGRESSING DEV. AS INDIVIDUALLY APPROPRIATE (be specific) \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EVALUATOR SIGNATURE

\_\_\_\_\_  
PRINTED NAME

**CLIENT RECOVERY EVALUATION  
(ANNUAL)**

**San Bernardino County  
DEPARTMENT OF BEHAVIORAL HEALTH  
Confidential Patient Information  
See W&I Code 5328**

**NAME:**

**CHART NO:**

**DOB:**

**PROGRAM:**