



Child Welfare Services
Leslie Griffith
Assistant Director

COUNTY OF EL DORADO HEALTH AND HUMAN SERVICES AGENCY

3057 Briw Road, Suite A
Placerville, CA 95667
530-642-7100 Phone / 530-626-7427 Fax

3368 Lake Tahoe Boulevard, Suite 100
South Lake Tahoe, CA 96150
530-573-3201 Phone / 530-541-2803

Client Initial Visit Report

Date: _____ Social Worker: _____
Client: _____ Provider Agency: _____
Counselor Name: _____
Service(s) Provided: _____
Date of Attendance: _____
Statement of Prognosis: _____
Explanation of Prognosis & Estimated Length of Treatment: _____

Goals and Treatment Recommendations

Please list the client's goals and explain their treatment recommendations.

Goal 1:	
Goal 2:	
Goal 3:	
Goal 4:	
Goal 5:	

Vision Statement: Transforming Lives and Improving Futures

Treatment Recommendations:

What are your overall treatment recommendations for this client?

Is individual therapy appropriate for this client?

Are there additional services you would recommend for this client?

Therapist Name/License #

Date

NOTE: THIS REPORT SHOULD BE SENT TO THE HHSA CWS CLERICAL DEPT. AT THE FOLLOWING EMAIL ADDRESS: CPS.CLERICAL@EDCGOV.US. DO NOT SEND THE REPORT TO THE HHSA FISCAL DEPT.

*** Phone: (530) 642-7100 * Fax (530) 626-7427 ***