



## Questions for Mental Health Professionals

**Client's Name:**

**Diagnosis:** Axis I  
Axis II  
Axis III  
Axis IV  
Axis V

**Treatment Plan:**

*Please include your frequency of contact with the client, and the client's last appointment.*

**Medications:**

**Client Insight to His or Her Diagnosis:**

**Prognosis:**

Is the client compliant with treatment? Is the client responsive to treatment?

Have you met the client's children? Do you speak with members of the client's support system?

Do the client's symptoms of mental illness place the child or children at an increased risk of maltreatment or harm?

Are there long-term effects of the client's mental illness symptoms on the child's or children's well-being that need to be considered in developing a treatment plan?

If the client's current treatment plan is changed, will it likely bring about an improvement in the client's parenting skills?

What would need to be, or could be, added to the client's treatment plan that would improve the client's parenting skills?

Do you communicate with any other of the client's treatment providers?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_