

Name _____

Date _____

COLLABORATIVE TREATMENT-1

Please respond to the statements below with the appropriate response to the right.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

1. I believe that my provider and I have addressed any appropriate medical conditions that might influence my mental or emotional health	SA	A	NS	D	SD
2. I believe that my provider and I are adequately coordinating care with my medical provider(s)	SA	A	NS	D	SD
3. I believe that my provider and I have looked closely at my social network, including my family, to identify people that will help me and support my mental and emotional health	SA	A	NS	D	SD
4. I believe that my provider and I have reached out to those people in my social network that would help and support me	SA	A	NS	D	SD
5. I believe that my provider and I have are having enough meetings to adequately support my mental and emotional health	SA	A	NS	D	SD
6. I believe that my provider and I are utilizing additional mental health resources to support my mental and emotional health (these include but are not limited to therapy groups, recovery groups, partial hospitalization, day treatment, specialist providers)	SA	A	NS	D	SD
7. I believe that my provider and I have arranged a good working relationship with a medication prescriber	SA	A	NS	D	SD
8. I believe that my provider and I have considered and used any testing resources that would help support my mental and emotional health	SA	A	NS	D	SD
9. I believe that my provider and I have considered and utilized other community resources to support my mental and emotional health (this includes but is not limited to case workers, in-home service providers, school-based providers)	SA	A	NS	D	SD
10. I believe that my provider and I have considered and, if appropriate, utilized, a companion animal	SA	A	NS	D	SD