



## Observation Form #2

Please complete and bring to your appointment  
with the mental health provider.

This form can be downloaded at [www.projecthopeca.com](http://www.projecthopeca.com)

Your name: \_\_\_\_\_ Date: \_\_\_\_\_  
(person completing form)

Name of person you observed: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Male     Female

Preferred language: \_\_\_\_\_

Major medical issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Medications

Current	Dosage	Time Given	Purpose	Side Effects
Past (2 years)	Dosage	Time Given	Purpose	Side Effects

## Psychiatric Hospitalizations (Past two years)

Facility or Hospital	Reason	Date(s)	Outcome

### Special Event: *Please provide details*

1. Has there been a recent event that caused concern?

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2. What happened **before** the event?

What were they doing? \_\_\_\_\_

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What were they like? \_\_\_\_\_

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What time of day? \_\_\_\_\_

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3. Did something **cause** (trigger) the event? \_\_\_\_\_

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4. What happened **during** the event? \_\_\_\_\_

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5. How did the event **end**? \_\_\_\_\_

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What did they do? \_\_\_\_\_

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What did you do? \_\_\_\_\_

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6. How did the event affect other people? \_\_\_\_\_

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I have helped my caregiver fill out this observation form. We have reviewed the information together.

It is OK for my caregiver to share the information with my mental health provider only when I am at the meeting.

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Name

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Date