COMMONHELPSOURCE

CASE MANAGEMENT DOCUMENTATION TOOLKIT

Practical, adaptable forms for coordinated human-services work

EDITION 5.0 · JULY 2026

INTAKE & REFERRAL

Identity, communication needs, presenting concerns, and immediate priorities

BIOPSYCHOSOCIAL ASSESSMENT

Strengths, history, functioning, safety, and social drivers of health

CARE PLAN

Person-centered goals, actions, responsibilities, review dates, and outcomes

PROGRESS & COORDINATION

SOAP note, contacts, referrals, and follow-through

RELEASE & CLOSURE

Authorization elements, discharge planning, and continuity of care

Use responsibly. These are customizable educational templates—not legal advice, clinical supervision, or a guarantee of compliance. Before use, adapt them to your program, jurisdiction, payer, privacy practices, record-retention rules, and professional scope. Obtain organizational legal/compliance approval.

CLIENT INTAKE & REFERRAL

CLIENT AND REFERRAL INFORMATION

CLIENT LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

PRONOUNS

CLIENT ID / RECORD #

ADDRESS

ZIP CODE

PHONE

EMAIL

REFERRAL SOURCE / ORGANIZATION

REFERRAL CONTACT

DATE RECEIVED

ASSIGNED WORKER

COMMUNICATION AND ACCESS

☐ Phone ☐ Text ☐ Email ☐ Mail ☐ Other

PREFERRED LANGUAGE

☐ Interpreter requested ☐ Relay / accessibility support

ACCESS NEEDS, ACCOMMODATIONS, OR COMMUNICATION PREFERENCES

IMMEDIATE PRIORITIES AND SAFETY

Complete per agency protocol

☐ No immediate concern identified ☐ Urgent need identified ☐ Emergency action taken

PRESENTING CONCERN—IN THE CLIENT'S WORDS

IMMEDIATE ACTION, WARM HANDOFF, OR SAFETY RESPONSE

CLIENT INTAKE & REFERRAL

PRIORITY NEEDS

Check all that apply

- ☐ Housing / shelter
- ☐ Food
- ☐ Utilities
- ☐ Transportation
- ☐ Health care
- ☐ Behavioral health
- ☐ Substance-use support
- ☐ Medication access
- ☐ Benefits / income
- ☐ Employment / education
- ☐ Legal / identification
- ☐ Safety
- ☐ Child / family support
- ☐ Older-adult support
- ☐ Disability support
- ☐ Other

DETAILS, URGENCY, AND CLIENT-DEFINED PRIORITIES

STRENGTHS, SUPPORTS, AND PREFERENCES

EXISTING STRENGTHS, TRUSTED PEOPLE, COMMUNITY SUPPORTS, CULTURE, FAITH, OR ROUTINES

WHAT HAS HELPED BEFORE? WHAT SHOULD SERVICES AVOID?

PROGRAM ACKNOWLEDGEMENTS

Customize to agency policy

- ☐ Program role, limits, and client choice explained
- ☐ Agency privacy notice provided or made available
- ☐ Communication risks and voicemail/text preferences reviewed
- ☐ Grievance, accessibility, and language-access process explained

CLIENT / REPRESENTATIVE SIGNATURE

DATE

STAFF SIGNATURE / CREDENTIALS

DATE

BIOPSYCHOSOCIAL ASSESSMENT

ASSESSMENT CONTEXT

CLIENT

ASSESSMENT DATE

ASSESSOR

☐ Initial ☐ Update ☐ Annual ☐ Transition

REASON FOR ASSESSMENT AND CLIENT'S GOALS

PHYSICAL HEALTH AND DAILY FUNCTIONING

HEALTH CONDITIONS, PAIN, SLEEP, NUTRITION

MEDICATIONS, PROVIDERS, ACCESS BARRIERS

ACTIVITIES OF DAILY LIVING, MOBILITY, SENSORY OR COGNITIVE NEEDS

BEHAVIORAL HEALTH AND SUBSTANCE USE

Use person-first, non-stigmatizing language

CURRENT SYMPTOMS, DIAGNOSES, TREATMENT, SUPPORTS

SUBSTANCE USE, RECOVERY GOALS, HARM-REDUCTION NEEDS