**MHPSS file**

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| S. no: \_\_\_\_\_\_\_\_\_\_\_\_ | File no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Category: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RC no: \_\_\_\_\_\_\_\_\_\_ | ID no: \_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Registered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**MHPSS assessment:**

Client's complaints:

mhGap diagnosis:

**Mental health psychosocial (mhpss) intervention (Steps II & III):**

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| **Date** | **MHPSS intervention** | **Next app.** | **Sign.** |
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