**MHPSS file**

|  |  |  |  |
| --- | --- | --- | --- |
|  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):**

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