

TF-CBT Case Information

Client Initials or Pseudonym _____ Age ____ Gender ____ Therapist Name: _____

Presenting Problems (*Biggest concerns? Why is treatment requested?*)

Trauma History: (*types of events & ages occurred; worst event for child*)

Diagnosis & PTSD Symptoms:

UCLA PTSD INDEX	Child	Caregiver	Additional Diagnostic Info:
PTSD Severity Score			
Criterion B Severity			
Criterion C Severity			
Criterion D Severity			

Family Information (*Primary caregiver? Caregiver involvement in treatment? Living situation? Barriers to treatment?*)

Other Important Case Information (*Time in current treatment? Previous treatment? legal, DHS involvement? Concerns about this case?*)

