

Therapist Name: _____

TF-CBT Case Information

Client Initials or Pseudonym _____

Age____ Gender____

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

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

Diagnosis & PTSD Symptoms:

CATS	Child	Cgr	Additional Diagnostic Info:
Total Severity Score			
B Symptom # (Re-experiencing)			
C Symptom # (Avoidance)			
D Symptom # (Negative Beliefs)			
E Symptom # (Hyperarousal)			

Family Information & Relevant Cultural Factors *(Primary caregiver? Caregiver involvement? Living situation? Strengths & Barriers to treatment?)*

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