San Francisco Health Network
Community Behavioral Health Services

CANS-SF Case Formulation & Treatment Planning Worksheet

Reason for Referral

This includes symptoms and behaviors, and their onset, duration, severity, and family response.

Background Needs

What factors are contributing to the client's problem behaviors, symptoms, and impairments?
What are the precipitating, predisposing, and perpetuating factors?

Item: ☐ 2 ☐ 3   Item: ☐ 2 ☐ 3

Priorities for Treatment Needs
(Impact on Functioning Domain)

What areas of a child/youth's life are impacted (e.g. family, social, community, and academic) as a result of the client's behaviors and symptoms?

Item: ☐ 2 ☐ 3
Item: ☐ 2 ☐ 3

Priorities for Treatment Needs
(Behavioral/Emotional Needs; Risk Behaviors; Needs from other modules)

What is the client's current presentation in terms of behaviors and symptoms? Are there risk behaviors in the client that might need safety planning or crisis intervention?

Item: ☐ 2 ☐ 3
Item: ☐ 2 ☐ 3

Strengths to Use
(Centerpiece or Useful Strengths)

What strengths in the child/youth (or caregiver) help inform a strengths-based approach? What are client's protective factors?

Item: ☐ 0 ☐ 1
Item: ☐ 0 ☐ 1

Strengths to Build

What areas need strengths-building? What are areas where no strengths exist?

Item: ☐ 2 ☐ 3
Item: ☐ 2 ☐ 3

Anticipated Outcomes

What needs and/or strengths are expected to change as a result of working with the client?

Item: ☐ 2 ☐ 3   Item: ☐ 2 ☐ 3

Activities or Interventions