

**ACTIVITY ASSESSMENT UPDATE
CSH-124**

To be imprinted with client stamp plate by ward personnel.

No instructions available.

**CENTRAL STATE HOSPITAL
ACTIVITY ASSESSMENT UPDATE**

Strengths:

Problems:

Change(s) or additional diagnosis(es):

- 1.
- 2.
- 3.
- 4.
- 5.

Is plan being modified? () Yes () No

List active problem numbers with dates:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of Assessor

/ _____
Date

Title

STAMP PLATE