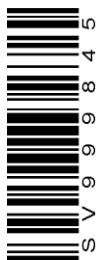




ST VINCENT'S MELBOURNE
STRENGTHS ASSESSMENT
 MENTAL HEALTH

STV UR No: _____
 Surname: _____
 Given Name: _____
 D.O.B: ____/____/____
 Please fill in if no PAS label available

	Present Moment What's going on today? What's available now?	Future Desires, aspirations What do I want?	Past Experience Resources personal, social What have I used in the past?
Daily Living			
Financial Situation			
Work Education			



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ST VINCENT'S MELBOURNE
STRENGTHS ASSESSMENT
 MENTAL HEALTH

STV UR No: _____
 Surname: _____
 Given Name: _____
 D.O.B: ____/____/____
 Please fill in if no PAS label available

	Present Moment What's going on today? What's available now?	Future Desires, aspirations What do I want?	Past Experience Resources personal, social What have I used in the past?
Social/Spiritual/Support			
Health			
Leisure/Recreation			

Personal Qualities

What are my priorities?

- 1.
- 2.
- 3.

Start Date:

Consumer Signature _____ **Name:** _____

Case Manager:

Signature: _____ Name: _____ Designation _____

Review Date:

