PRE HUDDLE REVIEW—stop light report

**Instructions: Complete an assessment for each of your clients for each domain weekly and be prepared to talk about those with a red/yellow dot. Put color in box for each domain.**

**Serious concern -- address on huddle**

**Possible concern -- (address if time)**

**No concern** --

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| Domain(Client name) | Physical Health (pregnancy, medical) | OUD treatment (MAT/+UDS) | Behavioral Health / Mental Health | Housing/DC planning | Children/CPS/Family | Safety/Legal/Probation | Details on concerns |
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