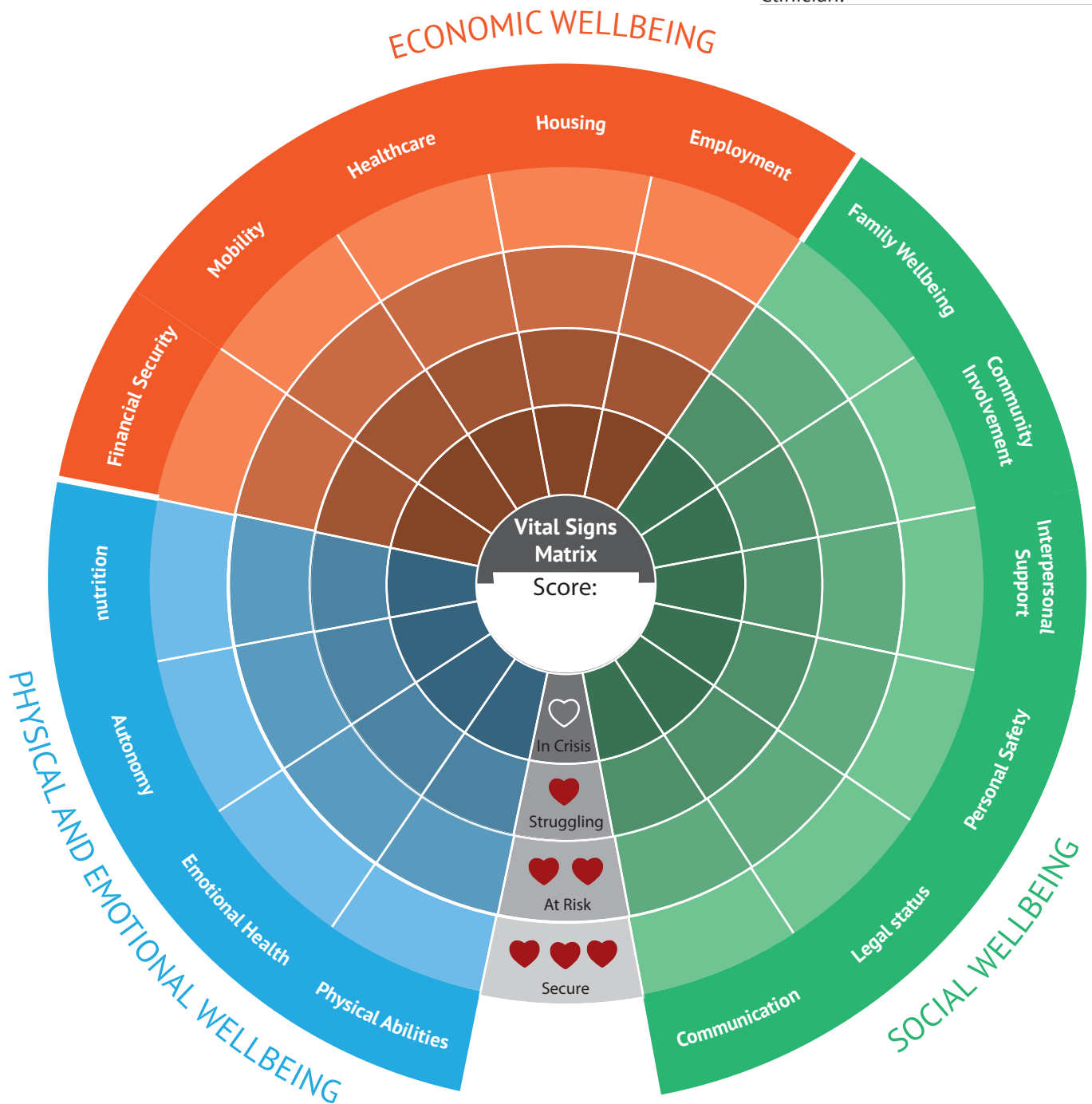


# Vital Signs Life Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Clinician: \_\_\_\_\_



Score Calculation	Tally	Points
Secure	x 3	
At Risk	x 2	
Struggling	x 1	
In Crisis	x 0	
Totals		Score: <input type="text"/>