San Mateo County Behavioral Health & Recovery Services
WORKSHEET FOR ADULT INITIAL ASSESSMENT

Name ________________**MH Record#** _______________ **Episode**_____ **DOB** ________ **Sex** __ **SSN** _______________

1. Identifying & CSI Information

Assessment Type (Indicates the type of staff involved in completing the assessment; Does not change the requirements; Determines the title of printed form)

Assessment Date

Name Client Prefers to Use

Assessment Type
- ❍ **Initial Assessment** *(Clinician, Case Mgr)*
- ❍ **Multidisc. Assessment** *(Includes MD Eval.)*
- ❍ **Physician Initial Eval**. *(MD/NP Only)*

Referral Source

Referral Contact Info

Source of Information
- ☐ Client Interview
- ☐ ICI
- ☐ Transfer Note
- ☐ Mills-Peninsula
- ☐ PES/3AB
- ☐ Probation/Parole
- ☐ Stanford Hospital
- ☐ Family
- ☐ Previous Records
- ☐ SMMC
- ☐ Fremont Hospital
- ☐ HSA/Social Services
- ☐ PCP/Health Care
- ☐ Other

Other

Language Information

Primary Language of Client

Other

Client's Preferred Language

Other

Language of Family

Other

Language Assessment Conducted In

Other

Service Strategies (Check all that apply)
- ☐ Assertive Community Treatment
- ☐ Dlvr'd in Partnership w Health Care
- ☐ Dlvr'd in Partnership w Law Enforcement
- ☐ Dlvr'd in Partnership w Social Services
- ☐ Dlvr'd in Partnership w Sub. Abuse Serv.
- ☐ Ethnic Specific Service Strategy
- ☐ Family Psychoeducation
- ☐ Family Support
- ☐ Functional Family Therapy
- ☐ Illness Management & Recovery
- ☐ Integrated Dual Dx Treatment
- ☐ Integrated Services MH + Aging
- ☐ Integrated Services MH + Dev.Disability
- ☐ Medication Management
- ☐ Multi-systemic Therapy
- ☐ New Generation Medications
- ☐ Peer/Family Delivered Services
- ☐ Psychoeducation
- ☐ Supportive Education
- ☐ Supportive Employment
- ☐ Therapeutic Foster Care
- ☐ Unknown Service Strategy

Education (highest grade level completed)

Employment Status

Living Arrangement

Conservatorship/Court Status

Number of children under the age of 18 the client cares for or is responsible for at least 50% of the time.

Number of dependent adults age 18 or older the client cares for or is responsible for at 50% of the time.

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2. Clinical Information

Description of Current Presenting Problems (Include Referral Reason, Symptoms, Behaviors and Impairments)

Mental Health History (Include Onset, Severity & Other Changes, Family MH Hx)

Client's Strengths /Assets /Ethnic or Cultural Identity / Spiritual Factors /Positive Coping Skills

Significant Developmental Issues /Childhood Events /Family History /Immigration Hx

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Psychosocial History/ Relationships/ Education/ Employment/ Interests/ Social Activities and Supports:

How does client identify their gender?

- ❍ Female ❍ Male ❍ Transgender
- ❍ Intersex ❍ Decline to state ❍ Other
- ❍ Unknown

Other

How does client identify their sexual orientation?

- ❍ Hetero ❍ Bisexual ❍ Gay/Lesbian
- ❍ Questioning ❍ Decline to state ❍ Other
- ❍ Unknown

Other

Psychiatric Hospitalization/ Partial Hospitalization History/ Residential (Include Provider & Dates)

Outpatient Treatment History (Include Providers & Dates, Therapeutic Interventions & Responses)

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Physical Medical History /Significant Illnesses /Chronic Conditions /Surgeries /Allergies

Medication History (Include Medication Name, Dosage, Adverse Reactions & Response)

Past /Present Criminal Justice History (Include Legal Issues, Arrests, Probation, Child Custody, DUI)

Sexual History /HIV Risk (RESTRICTED)

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3. Risk and Co-Occurring Information

Risk of HARM to SELF/SUICIDAL Thoughts/Behavior
❍ Yes ❍ Denied ❍ Undetermined

Past HARM to SELF/SUICIDAL Thoughts/Behavior
❍ Yes ❍ No ❍ Unknown

Current HARM to OTHERS/HOMOCIDAL Thoughts
❍ Yes ❍ Denied ❍ Undetermined

Past HARM to OTHERS/HOMOCIDAL Thoughts
❍ Yes ❍ No ❍ Unknown

Current Domestic Violence Issues
❍ Yes ❍ No ❍ Unknown

Past Domestic Violence Issues
❍ Yes ❍ No ❍ Unknown

Engaged in Violent Acts? (Physical, Sexual, Vandalism)
❍ Yes ❍ No ❍ Unknown

Victim of Violence?
❍ Yes ❍ No ❍ Unknown

Access to FIREARMS/WEAPONS
❍ Yes ❍ Denied ❍ Undetermined

Does SUBSTANCE USE Impact Risk?
❍ Yes ❍ No ❍ Unknown

Substance Use Issues Impacting Client (Select 1 or more)

☐ Current Substance Abuse
☐ Use Impacts Functioning/Presenting Problem
☐ Abuse/Misuse of Prescription Drugs
☐ Abuse/Misuse of Caffeine
☐ None
☐ Unknown
☐ Past Substance Abuse History
☐ Abuse/Misuse of OTC Medications
☐ Use of Illicit Drugs
☐ Abuse/Misuse of Nicotine
☐ Other

Trauma History (Select 1 or more.)

☐ Physical Abuse ☐ Sexual Abuse ☐ Assault ☐ Domestic Violence
☐ Military Combat ☐ Torture ☐ Immigration/Displacement ☐ Separation
☐ Suspected ☐ Other ☐ Unknown ☐ None

Risk Evaluation/Trauma Info (Include PTSD Symptoms) /AOD Use (Drug Name, Frequency, Age of 1st Use, Date of last use.)

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4. LOCUS

1. Risk of Harm
❍ 1-Minimal Risk ❍ 2-Low Risk ❍ 3-Moderate Risk ❍ 4-Serious Risk ❍ 5-Extreme Risk

2. Functional Status
❍ 1-Mimimal ❍ 2-Mild ❍ 3-Moderate ❍ 4-Serious ❍ 5-Severe

3. Medical, Addictive and Psychiatric Co-Morbidity
❍ 1-None ❍ 2-Minor ❍ 3-Significant ❍ 4-Major ❍ 5-Severe

4a. Environmental Stressors
❍ 1-Low Stress ❍ 2-Mild ❍ 3-Moderate ❍ 4-High ❍ 5-Extreme Stress

4b. Environmental Support
❍ 1-Highly Supportive ❍ 2-Supportive ❍ 3-Limited ❍ 4-Minimal ❍ 5-No Support

5. Treatment and Recovery
❍ 1-Fully ❍ 2-Significant ❍ 3-Moderate/Equivocal ❍ 4-Poor ❍ 5-Negligible

6. Engagement
❍ 1-Optimal ❍ 2-Positive ❍ 3-Limited ❍ 4-Minimal ❍ 5-Unengaged

Calculate LOCUS Score **Total Score** [ ]

5. Mental Status Exam

May ONLY be completed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.

General Appearance
☐ Appropriate ☐ Disheveled ☐ Bizarre
☐ Inappropriate ☐ Other

Affect
☐ Within Normal Limits ☐ Constricted
☐ Blunted ☐ Flat
☐ Angry ☐ Sad
☐ Anxious ☐ Labile
☐ Inappropriate ☐ Other

Physical and Motor
☐ Within Normal Limits ☐ Hyperactive
☐ Agitated ☐ Motor Retardation
☐ Tremors/Tics ☐ Unusual Gait
☐ Muscle Tone Issues ☐ Other

Mood
☐ Within Normal Limits ☐ Depressed
☐ Anxious ☐ Expansive
☐ Irritable ☐ Other

Thought Content and Process
☐ Within Normal Limits ☐ Auditory Hallucinations
☐ Visual Hallucinations ☐ Delusions
☐ Paranoid Ideation ☐ Bizarre
☐ Suicidal Ideation ☐ Homicidal Ideation
☐ Flight of Ideas ☐ Loose Associations
☐ Poor insight ☐ Attention Issues
☐ Fund of Knowledge ☐ Other

Speech
☐ Within Normal Limits ☐ Circumstantial
☐ Tangential ☐ Pressured
☐ Slowed ☐ Loud
☐ Other

Cognition
☐ Within Normal Limits ☐ Orientation
☐ Memory Problems ☐ Impulse Control
☐ Poor Concentration ☐ Poor Judgment
☐ Other

Other MSE Info

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6. Diagnosis

May ONLY be completed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.

Type of Diagnosis
❍ **Admission** ❍ **Discharge** ❍ **Update**

Original Date of this Dx (Change if ANY Dx Change)

Time of Diagnosis

Diagnosing Practitioner

AXIS I Diagnosis

AXIS I -1 (Primary Diagnosis)

AXIS I -2

AXIS III – Medical Conditions
- ☐ Allergies
- ☐ Anemia
- ☐ Arterial Sclerotic Disease
- ☐ Arthritis
- ☐ Asthma
- ☐ Birth Defects
- ☐ Blind/Visually Impaired
- ☐ Cancer
- ☐ Carpal Tunnel Syndrome
- ☐ Chronic Pain
- ☐ Cirrhosis
- ☐ Cystic Fibrosis
- ☐ Deaf/Hearing Impaired
- ☐ Diabetes
- ☐ Digestive Disorders (Reflux, IBS)
- ☐ Ear Infections
- ☐ Epilepsy/Seizures
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Hypercholesterolemia
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Hyperthyroid
- ☐ Infertility
- ☐ Migraines
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ **No General Medical Condition**
- ☐ Obesity
- ☐ Osteoporosis
- ☐ Other
- ☐ Parkinson's Disease
- ☐ Physical Disability
- ☐ Psoriasis

Trauma (CSI)
❍ Yes ❍ No ❍ Unknown

Has Substance Abuse/Dependence Diagnosis (CSI)
❍ Yes ❍ No ❍ Unknown

Substance Abuse/Dependence Diagnosis (CSI)

❍ **Name/ID Number** ❍ **Unique Practitioner ID**

AXIS II

AXIS II – 1

AXIS II – 2

AXIS IV – Psychosocial and Environmental Problems
- ☐ Problems with Primary Support Group
- ☐ Problems related to social environment
- ☐ Educational problems
- ☐ Occupational problems
- ☐ Housing problems
- ☐ Economic problems
- ☐ Problems with access to health care
- ☐ Problems related to legal system/crime
- ☐ Other psychosocial/environment problems

Axis V – GAF

Do not change unless the Primary Dx is an Axis II Dx.
Do not make substance abuse Dx Primary unless there is no other Dx.

Primary Diagnosis

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☐ Sexually Transmitted Disease (STD)
☐ Stroke
☐ Tinnitus
☐ Ulcers
☐ **Unknown/Not Reported General Medical Condition**

Diagnosis Comments

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7. Clinical Formulation/Medical Necessity

May ONLY be completed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.

As a result of the Primary Diagnosis, the client has the following functional impairments:

Treatment is being provided to address, or prevent, significant deterioration in an important area of life functioning

☐ **School/Work Functioning** ☐ **Social Relationships** ☐ **Daily Living Skills**
☐ **Ability to Maintain Placement** ☐ **Symptom Management**

Clinical Formulation/Summary:

Additional Factors or Comments

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8. Finalize

Indicate other staff contributing to this assessment.

Contributing Practitioner

Area of Contribution

Contributing Practitioner

Area of Contribution

Send To

Send To Outgoing Comments

Draft/Pending Approval/Final
❍ **Draft** ❍ **Final**
❍ **Pending Approval**

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