

San Mateo County Behavioral Health & Recovery Services WORKSHEET FOR ADULT ANNUAL/UPDATE ASSESSMENT

Name _____ MH Record# _____ Episode _____ DOB _____ Sex _____ SSN _____

!! ATTENTION!! Select "Type of Assessment" first before proceeding; selecting "Update" will clear all fields!!!

Assessment Information

Assessment Date

Assessment Type

Annual Update

Source of Information

- | | |
|--|--|
| <input type="checkbox"/> Client interview | <input type="checkbox"/> Family |
| <input type="checkbox"/> ICI | <input type="checkbox"/> Previous Records |
| <input type="checkbox"/> Transfer Note | <input type="checkbox"/> SMMC |
| <input type="checkbox"/> Mills-Peninsula | <input type="checkbox"/> Fremont Hospital |
| <input type="checkbox"/> PES/3A-B | <input type="checkbox"/> HSA/Social Services |
| <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> PCP/Health Care |
| <input type="checkbox"/> Stanford Hospital | <input type="checkbox"/> Other |

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) (CSI)

Employment Status (CSI)

Living Arrangement (CSI)

Conservatorship/Court Status (CSI)

Number of children under the age of 18

the client cares for or is responsible for at least 50% of the time. (CSI)

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

Assessment Update

Updates to Psychosocial History (Include Current Living Situation, Family History, Legal Issues, Cultural and Spiritual Information)

Updates to Psychiatric and Medical History (Discuss Changes in the Past Year)

Overall Concerns of RISK?

Yes No Undetermined

Changes in Substance Use Status (since last assessment)

Yes No Unknown

Does TRAUMA Impact Functioning or Presenting Problems?

Yes No Unknown

Risk Evaluation /Trauma Info /AOD Use

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

LOCUS

All Fields must be completed for LOCUS update.

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

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

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

Trauma (CSI)

Yes No Unknown

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

Has Substance Abuse/Dependence Diagnosis (CSI)

Yes No Unknown

Time of Diagnosis

Substance Abuse/Dependence Diagnosis (CSI)

Diagnosing Practitioner

Name/ID Number Unique Practitioner ID

AXIS I Diagnosis

AXIS I -1 (Primary Diagnosis)

AXIS II

AXIS II - 1

AXIS I -2

AXIS II - 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

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

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

Diagnoses Comments (Explain changes to Diagnosis here.)

Worksheet

Clinical Formulation

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

- | | | |
|--|---|--|
| <input type="checkbox"/> School/Work Functioning | <input type="checkbox"/> Social Relationships | <input type="checkbox"/> Daily Living Skills |
| <input type="checkbox"/> Ability to Maintain Placement | <input type="checkbox"/> Symptom Management | |

Annual Clinical Formulation

(Include Current Presenting Issues, Course of Treatment, Impairments, Diagnostic Criteria, Strength)

Additional Factors or Comments

Finalize

Indicate other staff contributing to this assessment.

Contributing Practitioner

Area of Contribution

Contributing Practitioner

Area of Contribution

Send To

Draft/Pending Approval/Final

- Draft Final
 Pending Approval

Send To Outgoing Comments