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

Name ___________ MH Record# _______ Episode_____ DOB ________ Sex ___ SSN ____________

!!! ATTENTION!!! Select “Type of Assessment” first before proceeding; selecting “Update” will clear all fields except Diagnosis!!!

Tab 1 Assessment Information

<table>
<thead>
<tr>
<th>Assessment Date:</th>
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<table>
<thead>
<tr>
<th>Assessment Type</th>
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<tbody>
<tr>
<td>☐ Annual</td>
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<tr>
<td>☐ Update</td>
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<table>
<thead>
<tr>
<th>Child/Youth’s Age</th>
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<table>
<thead>
<tr>
<th>Source of Information (Check all that Apply)</th>
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<tbody>
<tr>
<td>☐ School</td>
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<tr>
<td>☐ Parent/Guardian/Caretaker</td>
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<tr>
<td>☐ Child</td>
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<tr>
<td>☐ Other</td>
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<tr>
<td>☐ Primary Care Physician</td>
</tr>
<tr>
<td>☐ Family/Relative</td>
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<tr>
<td>☐ Referral Packet</td>
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<tr>
<td>☐ Social Services</td>
</tr>
<tr>
<td>☐ PES</td>
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<table>
<thead>
<tr>
<th>Service Strategies (Check all that apply)</th>
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<tbody>
<tr>
<td>☐ Assertive Community Treatment</td>
</tr>
<tr>
<td>☐ Dlvr’d in Partnership w Health Care</td>
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<tr>
<td>☐ Dlvr’d in Partnership w Law Enforcement</td>
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<tr>
<td>☐ Dlvr’d in Partnership w Social Services</td>
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<tr>
<td>☐ Dlvr’d in Partnership w Sub. Abuse Serv</td>
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<tr>
<td>☐ Ethnic Specific Service Strategy</td>
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<tr>
<td>☐ Family Psychoeducation</td>
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<tr>
<td>☐ Family Support</td>
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<tr>
<td>☐ Functional Family Therapy</td>
</tr>
<tr>
<td>☐ Illness Management &amp; Recovery</td>
</tr>
<tr>
<td>☐ Integrated Dual Dx Treatment</td>
</tr>
<tr>
<td>☐ Integrated Services MH + Aging</td>
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<tr>
<td>☐ Integrated Services MH + Dev.Disability</td>
</tr>
<tr>
<td>☐ Medication Management</td>
</tr>
<tr>
<td>☐ Multi-systemic Therapy</td>
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<tr>
<td>☐ New Generation Medications</td>
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<tr>
<td>☐ Peer/Family Delivered Services</td>
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<tr>
<td>☐ Psychoeducation</td>
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<tr>
<td>☐ Supportive Education</td>
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<tr>
<td>☐ Supportive Employment</td>
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<tr>
<td>☐ Therapeutic Foster Care</td>
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<tr>
<td>☐ Unknown Service strategy</td>
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<thead>
<tr>
<th>Highest School Grade Completed (CSI)</th>
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<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
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<tr>
<th>Highest School Grade Completed (CSI)</th>
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<table>
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<tr>
<th>Number of children under the age of 18 the client cares for or is responsible for at least 50% of the time (CSI)</th>
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<table>
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<tr>
<th>Number of dependent adults age 18 or older the client cares for or is responsible for at least 50% of the time (CSI)</th>
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## Tab 2 Assessment Update

### Updates to Psychosocial History

### Updates to Psychiatric and Medical History (Specify 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 Child/Family Presenting Problem or Functioning?
- ☐ Yes
- ☐ No
- ☐ Unknown

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

### Youth’s Gender Identity? (RESTRICTED)
- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Intersex
- ☐ Declined to state
- ☐ Other

### Youth’s Sexual Orientation? (RESTRICTED)
- ☐ Heterosexual
- ☐ Bisexual
- ☐ Gay/Lesbian
- ☐ Questioning
- ☐ Declined to state
- ☐ Other
### Is Youth Emancipated?

- Yes
- No

#### 1. Risk of Harm

- **1- Low Risk**
- **2-Some Risk**
- **3-Significant Risk**
- **4-Serious Risk**
- **5-Extreme Risk**

#### 2. Functional Status

- **1-Minimal**
- **2-Mild**
- **3-Moderate**
- **4-Serious**
- **5-Severe**

#### 3. Co-Morbidity

- **1-None**
- **2-Minor**
- **3-Significant**
- **4-Major**
- **5-Severe**

#### 4a. Recovery Environment- Environmental Stressors

- **1- Minimally Stressful**
- **2- Mildly**
- **3- Moderately**
- **4- Highly**
- **5- Extremely Stressful**

#### 4b. Recovery Environment- Environmental Support

- **1-Highly Supportive**
- **2-Supportive**
- **3-Limited**
- **4-Minimally**
- **5-No Support**

#### 5. Resiliency and Treatment History

- **1-Full**
- **2-Significant**
- **3-Moderate/Equivocal**
- **4-Poor**
- **5-Negligible**

#### 6a. Treatment, Acceptance, Engagement- Child/Adolescent

- **1- Optimal**
- **2- Constructive**
- **3- Obstructive**
- **4- Adversarial**
- **5- Inaccessible**

#### 6b. Treatment, Acceptance, Engagement- Parent/Caretaker

- **0-N/A**
- **1-Optimal**
- **2- Constructive**
- **3- Obstructive**
- **4- Adversarial**
- **5- Inaccessible**

**Calculate LOCUS Score**

**Total Score**
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.

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<td>☐ Yes</td>
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<td>☐ No</td>
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<td>☐ No</td>
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<tr>
<td>☐ Unknown</td>
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</table>

**General Appearance**:
- ☐ Inappropriate
- ☐ Hygiene Problems
- ☐ Disheveled
- ☐ Odd/eccentric
- ☐ Other

**General Appearance Comments:**

**Affect**:
- ☐ Sad
- ☐ Angry
- ☐ Anxious
- ☐ Flatten
- ☐ Withdrawn
- ☐ Incongruent
- ☐ Labile
- ☐ Other

**Affect Comments:**

**Speech**:
- ☐ Pressured
- ☐ Mute
- ☐ Poverty of Speech
- ☐ Perseverative
- ☐ Impairment
- ☐ Other

**Speech Comments:**

**Mood**:
- ☐ Within Normal Limits
- ☐ Depressed
- ☐ Anxious
- ☐ Expansive/Euphoric
- ☐ Irritable
- ☐ Angry
- ☐ Other

**Mood Comments:**

**Behavior**:
- ☐ Aggressive
- ☐ Hostile
- ☐ Impulsive
- ☐ Immature
- ☐ Evasive
- ☐ Uncooperative
- ☐ Other

**Behavior Comments:**

**Thought Content**:
- ☐ Visual Hallucinations
- ☐ Auditory Hallucinations
- ☐ Delusions
- ☐ Loose associations
- ☐ Flight of Ideas
- ☐ Paranoid Ideation
- ☐ Other

**Thought Content Comments:**
<table>
<thead>
<tr>
<th>Are Physical and Motor Abilities Within Normal Limits?</th>
<th>Is Thought Process Within Normal Limits?</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes ☑ No</td>
<td>☐ Yes ☑ No</td>
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**Physical and Motor:**
- ☐ Increased/Excessive
- ☐ Decreased/Slowed
- ☐ Posturing/Repetitive
- ☐ Tremors
- ☐ Tics
- ☐ Other

**Thought Process:**
- ☐ Blocking/Slowed
- ☐ Racing Thoughts
- ☐ Impaired Concentration
- ☐ Poor Insight
- ☐ Other

**Physical and Motor Comments:**

**Thought Process Comments:**

<table>
<thead>
<tr>
<th>Is Cognition/Intellect Within Normal Limits?</th>
<th>Formal Mental Status Obtained</th>
</tr>
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<tbody>
<tr>
<td>☐ Yes ☑ No</td>
<td>☐ Yes ☑ No</td>
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</table>

**Cognition/Intellect:**
- ☐ Weak Vocabulary
- ☐ Concrete Thinking
- ☐ Poor Judgment
- ☐ Other

**Formal MSE:**
- ☐ Impaired S-T Memory
- ☐ Impaired L-T Memory
- ☐ Can't Do Serial 7’s
- ☐ Can do Serial 7’s
- ☐ Paucity of Knowledge
- ☐ Poor Orientation

**Cognition/Intellect Comments:**

**Other MSE Information:**
Tab 5 Diagnosis

Must be reviewed 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

Date of Diagnosis

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 I - 2

AXIS I - 3

AXIS II

AXIS II – 1 (NO DIAGNOSIS code as V71.09)

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

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
- None Known

Axis V – GAF

Do not change unless the Primary Dx is an Axis II Dx.
Do not make Substance Use Dx a Primary Dx unless there is no other Dx.

Primary Diagnosis

Diagnostic Comments
Tab 6 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

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

A probability the child will not progress developmentally as individually appropriate
- Yes
- No

Annual Clinical Formulation: (Incl. course of treatment, impairments, diagnostic criteria, strengths)

Additional Factors and Comments
Tab 7 Finalize

Indicate other staff contributing to this assessment and their contribution.

<table>
<thead>
<tr>
<th>Contributing Practitioner</th>
<th>Contributing Practitioner</th>
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<tr>
<th>Area of Contribution</th>
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Co-Signature request is ONLY sent when document is saved as “Pending Approval”

Send To (For “Pending Approval” Co-Signature)  

<table>
<thead>
<tr>
<th>Draft/Pending Approval/Final</th>
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Send To Outgoing Comments  

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