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

Name	MH Record#	Episode_	DOB	Sex	_SSN
Assessment T	& CSI Information Type (Indicates the type of staff s; Determines the title of printe	•	ting the assessn	nent; Does n	ot change the
Assessment D	Date	N	ame Client Pref	ers to Use	
O Multidisc.	essment (Clinician, Case Mgr) Assessment (Includes MD Eva Initial Eval. (MD/NP Only) e	nl.)	Client Interview ICI Transfer Note Mills-Peninsula PES/3AB Probation/Parol Stanford Hospit	e	 Family Previous Records SMMC Fremont Hospital HSA/Social Services PCP/Health Care Other
Language Inf Primary Lang	ormation quage of Client		anguage of Fam	ilv	
Other Client's Prefe	erred Language		ther anguage Assess	sment Cond	ucted In
Other			ther		
□ Assertive Co	gies (Check all that apply) mmunity Treatment nership w Health Care	Ē	ducation (highe	st arade leve	el completed)
□ Dlvr'd in Part □ Dlvr'd in Part	nership w Law Enforcement nership w Social Services nership w Sub. Abuse Serv.		nployment Stat	US	
	fic Service Strategy noeducation		ving Arrangeme	ent	
□ Functional Fa □ Illness Mana □ Integrated D		c _	onservatorship/	Court Status	\$
 Integrated Se Medication M Multi-systemi 	ervices MH + Dev.Disability lanagement	of	umber of childro 18 the client ca sponsible for a	ares for or is	
	Delivered Services ation ducation mployment Foster Care	01	umber of depen older the clien sponsible for a	t cares for o	ris

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

Psychosocial	History/ Relationshi	ps/ Education/ Employn	nent/ Interests/ Social Activities and Supports:
How does clie	ent identify their gen	der?	How does client identify their sexual orientation?
O FemaleO IntersexO Unknown	 Male Decline to state 	 Transgender Other 	 Hetero Gay/Lesbian Questioning Decline to state Other Other
	Other		Other
Psychiatric H	ospitalization/ Partia	I Hospitalization History	// Residential (Include Provider & Dates)
Outpatient Tr	eatment History (Inc	lude Providers & Dates.	Therapeutic Interventions & Responses)

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)

3. Risk and Co-Occurring Information

Risk of HARM O Yes	to SELF/SUICIE	DAL Thoughts/Behavio O Undetermined	r	Past HARM to a O Yes	SELF/S O No		- Thoughts/Be O Unknown	havior
Current HARM O Yes	to OTHERS/HC O Denied	OMOCIDAL Thoughts O Undetermined		Past HARM to O Yes	OTHER: O No		OCIDAL Thoug	hts
Current Dome	stic Violence Is	20112		Past Domestic	Violenc	م اووريم		
O Yes	O No	O Unknown		O Yes	O No		O Unknown	
Engaged in Vi	olent Acts? (Ph	ysical, Sexual, Vandali	sm)	Victim of Viole	nce?	\wedge		
O Yes	O No	O Unknown	,	O Yes	O No		O Unknown	
	EARMS/WEAPC			Does SUBSTAI				
O Yes	O Denied	O Undetermined		O Yes	O No		O Unknown	
Substance Use	e Issues Impact	ing Client (Select 1 or	more)					
	Functioning/Pre e of Prescription	senting Problem Drugs	Ć	 Past Substan Abuse/Misuse Use of Illicit D Abuse/Misuse Other 	e of OT(Drugs	C Medica		
Trauma Histor	y (Select 1 or m	ore.)						
Physical AbuMilitary ComSuspected		□ Sexual Abuse □ Torture □ Other	□ Assa □ Immi □ Unkr	igration/Displace	ment	□ Dome □ Sepa □ None		
Risk Evaluatio last use.)	n/Trauma Info (Include PTSD Sympton	ms) /AOI	D Use (Drug Nai	me, Fre	quency,	Age of 1 st Use	, Date of

4. LOCUS

	Calculate LOC	US Score Total S	Score	
6. Engagement O 1-Optimal	O 2-Positive	O 3-Limited	O 4-Minimal	O 5-Unengaged
5. Treatment and Reco O 1-Fully	overy O 2-Significant	O 3-Moderate/Equivoca	alO 4-Poor	O 5-Negligible
4b. Environmental Su O 1-Highly Supportive		O 3-Limited	O 4-Minimal	O 5-No Support
4a. Environmental Str O 1-Low Stress	essors O 2-Mild	O 3-Moderate	O 4-High	O 5-Extreme Stress
3. Medical, Addictive a O 1-None	and Psychiatric Co-Mor O 2-Minor	bidity O 3-Significant	O 4-Major	O 5-Severe
2. Functional Status O 1-Mimimal	O 2-Mild	O 3-Moderate	O 4-Serious	O 5-Severe
1. Risk of Harm O 1-Minimal Risk	O 2-Low Risk	O 3-Moderate Risk	O 4-Serious Risk	O 5-Extreme Risk

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	Thought Content and Proces	SS
□ Appropriate □ Disheveled □ Bizarre	Within Normal Limits	□ Auditory Hallucinations
□ Inappropriate □ Other	Visual Hallucinations	Delusions
Affect	Paranoid Ideation	□ Bizarre
Within Normal Limits Constricted	Suicidal Ideation	Homicidal Ideation
Blunted Flat	Flight of Ideas	Loose Associations
Angry Sad	Poor insight	Attention Issues
🗆 Anxious 🛛 Labile	Fund of Knowledge	□ Other
□ Inappropriate □ Other	Speech	
Physical and Motor	Within Normal Limits	Circumstantial
Within Normal Limits Hyperactive	Tangential	Pressured
□ Agitated □ Motor Retardation	□ Slowed	Loud
Tremors/Tics Unusual Gait	□ Other	
□ Muscle Tone Issues □ Other	Cognition	
Mood	Within Normal Limits	Orientation
Within Normal Limits Depressed	Memory Problems	Impulse Control
Anxious Expansive	Poor Concentration	Poor Judgment
□ Irritable □ Other	□ Other	

Other MSE Info

6. Diagnosis

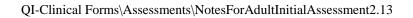
May ONLY be completed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.

Diagnosing Practitioner O Name/ID Number O Unique Practitioner ID AXIS I Diagnosis AXIS II AXIS I -1 (Primary Diagnosis) AXIS II AXIS I -1 (Primary Diagnosis) AXIS II – 1 AXIS I -2 AXIS II – 1 AXIS II - Medical Conditions AXIS II – 2 AAtis III – Medical Conditions AXIS IV – Psychosocial and Environmental Problems Anterial Sclerotic Disease Problems with Primary Support Group Arthria Doccupational problems Asthma Doccupational problems Bind/Visually Impaired Coccupational problems Carpal Tunnel Syndrome Problems related to legal system/crime Chronic Pain Other psychosocial/environment problems Cystic Fibrosis Deat/Hearing Impaired Diagtetive Disorders (Reflux, IBS) Do not change unless the Primary Dx is an Axis II Dx. De not make substance abuse Dx Primary unless there is no other Dx.	Type of Diagnosis O Admission O Discharge O Update	Trauma (CSI) O Yes O No O Unknown
Diagnosing Practitioner O Name/ID Number O Unique Practitioner ID AXIS I Diagnosis AXIS II AXIS I Diagnosis AXIS II AXIS I - 1 (Primary Diagnosis) AXIS II - 1 AXIS II - Medical Conditions AXIS II - 2 AXIS II - Medical Conditions AXIS IV - Psychosocial and Environmental Problems A Artentia Problems with Primary Stopport Group Problems with Primary Stopport Group Problems with Primary Stopport Group Astima Problems with Primary Stopport Group Binth Defects Diccupational problems Binth Defects Bind/Visually Impaired Cancer Problems vith access to health care Droblems vith Primary Stores Problems related to legal system/crime Other psychosocial/environment problems Axis V - GAF Digestive Disorders (Reflux, IBS) 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 Hyperthytod Hyperthytod Hyperthytod Hyperthytod Hyperthytod Problems Sthere is no other Dx. Problems Steporosis Problems Sthere is no other Dx. Multiple Sclerosis	Original Date of this Dx (Change if ANY Dx Change)	• • • • •
AXIS I Diagnosis AXIS I - 1 (Primary Diagnosis) AXIS I - 1 (Primary Diagnosis) AXIS II - 2 (Primary Diagnosis) AXIS III - Medical Conditions Altergies Anemia Arthritis Arthritis Bind/Visually Impaired Carper Carpat Tunnel Syndrome Chronic Pain Cirrhosis Diabetes Digetive Disorders (Reflux, IBS) Ear Infections Hypertipidemia Hypertipidemia Hypertipidemia Hypertipidemia Hypertipidemia Hypertipidemia Hypertipidemia Hypertipide Osteoprosis Other Prisionis Disease Hypertipideside Condition Obsetive Distribution Distribution Hopating Hypertipidemia Hypertipidemia	Time of Diagnosis	Substance Abuse/Dependence Diagnosis (CSI)
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Heart Disease other Dx. Hepatitis Primary Diagnosis Hyperlipidemia		
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 Obesity Osteoporosis Other Parkinson's Disease Physical Disability 		
□ Osteoporosis □ Other □ Parkinson's Disease □ Physical Disability		
□ Other □ Parkinson's Disease □ Physical Disability		
Parkinson's Disease Physical Disability		
Physical Disability		

- Sexually Transmitted Disease (STD)
 Stroke
 Tinnitus

- □ Ulcers
- Unknown/Not Reported General Medical Condition

Diagnosis Comments



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

□ Ability to Maintain Placement

Social RelationshipsSymptom Management

Daily Living Skills

Clinical Formulation/Summary:



Additional Factors or Comments

8. Finalize

Indicate other staff contributing to this assessment.

Contributing Practitioner

Send To Outgoing Comments

Contributing Practitioner

Area of Contribution

Area of Contribution

Send To

Draft/Pending Approval/Final O Draft O Final O Pending Approval

QI-Clinical Forms\Assessments\NotesForAdultInitialAssessment2.13