

Date Re-Assessment Started: \_\_\_\_\_

<b>Purpose:</b> <input type="checkbox"/> Tri-Annual <input type="checkbox"/> Returning to Treatment
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**ASSESSING PRACTITIONER** (Name and Discipline): \_\_\_\_\_

Date of client's Full Assessment to be used as the baseline for this Re-Assessment: \_\_\_\_\_

Date of client's most recent Re-Assessment (if applicable): \_\_\_\_\_

Other Sources for Re-Assessment Information: \_\_\_\_\_

**SPECIAL SERVICE NEEDS:**

Cultural Considerations, specify: \_\_\_\_\_

Physically challenged (wheelchair, hearing, visual, etc.), specify: \_\_\_\_\_

Access issues (transportation, hours, etc.), specify: \_\_\_\_\_

**I. REASON FOR REFERRAL / CHIEF COMPLAINT**

**Precipitating event(s)/Reason for Referral**

Tri-Annual (same as Full Assessment)  Returning to Treatment (describe updates below)

**Current Symptoms and Behaviors (intensity, duration, onset, frequency) and Impairments in Life Functioning** caused by the symptoms/behaviors (from perspective of client and others)

**Suicidal/Homicidal Thoughts/Attempts**  No Updates  Updates include the following: (describe below)

Columbia Suicide Risk Severity Scale Completed?  Yes  No (For Directly-Operated)

*If Columbia Suicide Risk Severity Scale NOT completed, describe below and include dates, threat, intent, plan, target(s), access to lethal means, method used:*

**Self-Harm** (without statement of suicidal intent)  No Updates  Updates include the following: (describe below)

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**II. MENTAL HEALTH HISTORY**

Psychiatric Hospitalizations:  No Updates  Updates include the following: (describe below)

Outpatient Treatment:

Trauma or Exposure to Trauma:  No Updates  Updates include the following: (describe below)

**III. MEDICATIONS**

Medications (Name, dosage, frequency, period taken, effectiveness, response, side-effects, reactions)

See Medication Note dated \_\_\_\_\_  Updates include the following: (describe below)

**IV. SUBSTANCE USE / ABUSE**

No Updates  Updates include the following: (describe below)

(If applicable: Completed COD Assessment dated \_\_\_\_\_)

**V. MEDICAL HISTORY**

Date of Last Physical Exam: \_\_\_\_\_

No Updates  Updates include the following: (describe below)

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DEVELOPMENTAL MILESTONES <i>(Describe if not within normal limits)</i>		ENVIRONMENTAL STRESSORS <i>(Examples include moves, school changes, losses of fam/friends, changes in fam composition, SES, lifestyle, exposure to fam conflict/violence, major illnesses, abuse/neglect, placements changes, etc.)</i>
<b>Infancy (0-3)</b> <i>Motor skills (sit, crawl, walk)</i> <i>Speech</i> <i>Eating</i> <i>Sleeping</i> <i>Toilet training</i> <i>Coordination</i> <i>Temperament</i> <i>Separation</i>	<input type="checkbox"/> No Updates <input type="checkbox"/> Updates include the following:	<b>Infancy (0-3)</b>
<b>Early Years (4-6)</b> <i>Social Adjustment</i> <i>Separation</i> <i>Sexual Behaviors</i> <i>Self-Care</i>	<input type="checkbox"/> No Updates <input type="checkbox"/> Updates include the following:	<b>Early Years (4-6)</b>
<b>Latency (7-11)</b> <i>School adjustment</i> <i>Peer &amp; adult relations/friends</i> <i>Interest/hobbies</i> <i>Impulse control</i> <i>Self-Care</i>	<input type="checkbox"/> No Updates <input type="checkbox"/> Updates include the following:	<b>Latency (7-11)</b>
<b>Adolescence (12-on)</b> <i>Separation/individ.</i> <i>Sexual orientation</i> <i>Sexual behavior</i> <i>Gender identity</i> <i>Relationships/Support Systems</i> <i>Independent funct.</i> <i>Moral development</i>	<input type="checkbox"/> No Updates <input type="checkbox"/> Updates include the following:	<b>Adolescence (12-on)</b>

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**VI. PSYCHOSOCIAL HISTORY**

**School History**

*Educational Comments: Type of School, Academic Performance, Grade Retention, School Changes, Attitude/Behavior, Attendance/Tuancy, Suspension*

No Updates     Updates include the following: (describe below)

**Vocational Information** (*jobs, independent living program, training, job related problems, volunteer work, career interests*)

No Updates     Updates include the following: (describe below)

**Juvenile Court History** (*arrests/offenses, tickets/warnings, probation/stipulations, incarceration, placement*)

No Updates     Updates include the following: (describe below)

**Child Abuse and Protective Services Information** (*nature of allegations, age of occurrence, offender, dependency court action, child/parent response, placement and type, services*)

No Updates     Updates include the following: (describe below)

**VII. CURRENT LIVING SITUATION**

**Living Situation Type:**  Biological     Adoptive     Guardian     Foster     Kinship/Relative     Group Home     Other  
Others Diagnosed with Mental Illness in Living Situation:  Yes     No  
Significant Current Drug/Alcohol Use in Living Situation:  Yes     No

**Family Composition (Include siblings, stepparents/others, grandparents, extended family, ethnicity/culture, education, socio-economic, religious affiliation)**

**Is the client homeless?**     Yes     No     Unable to Assess

If yes, when did the client become homeless (estimated date)? \_\_\_\_\_

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**VIII. MENTAL STATUS EXAM** Instructions: Check all descriptions that apply

**Apparent Age:**  
 Younger  Stated age  Older  
 Comments:

**Weight:**  
 Normal range  Underweight  
 Overweight  
 Comments:

**Cleanliness/Grooming/Attire:**  
 Well Groomed  Clean / Normal for age  
 Disheveled / Messy  
 Dirty / Odorous / Neglected  
 Comments:

**Behavior**  
**Activity Level:**  
 Normal / Age Appropriate  Hyperactive  
 Fidgety  Hypoactive  Lethargic  
 Mannerisms  Tics  
 Comments:

**Gross Motor:**  
 Intact  Impaired  
 Comments:

**Fine Motor:**  
 Intact  Impaired  
 Comments:

**Behavioral Disturbances:**  
 Aggressive  Poor impulse control  
 Passive  None  
 Comments:

**Manner of Relating to Examiner – Eye Contact:**  
 Good / Age Appropriate  Limited  
 Avoided  Staring  
 Comments:

**Ability to Cooperate and Engage:**  
 Cooperative  Indifferent  Anxious  
 Withdrawn  Seductive  Oppositional  
 Aggressive  Other: \_\_\_\_\_  
 Comments:

**Relatedness to Caregiver:**  
 Appropriate  Defiant / disobedient  
 Clinging  Bossy  Not observed  
 Comments:

**Speech and Language**  
**Rate:**  
 Normal  Rapid  Pressured  
 Slow  
 Comments:

**Volume:**  
 Normal  Loud  Soft  
 Comments:

**Clarity:**  
 Clear  Slurred  Mumbled  
 Stuttered  Incoherent  
 Comments:

**Content:**  
 Normal / Age Appropriate  
 Hyper-verbal  Impoverished w/ little detail  
 Mute / Non-verbal  
 Comments:

**Thought Content – Delusions**  
 Persecutory  Grandiose  Paranoid  
 Religious  Somatic  None  
 Comments:

**Hallucinations:**  
 Auditory / Reacting to internal stimuli  
 Visual  Tactile  Olfactory  None  
 Comments:

**Anxiety:**  
 Fears / Phobias  Obsessions  
 Compulsions / Rituals  
 Separation difficulties  None  
 Comments:

**Thought Process:**  
 Normal / Linear  Disorganized  
 If disorganized, indicate:  
 Circumstantial  Flight of ideas  
 Paucity of ideas  Rumination  
 Tangential  Loose associations  
 Thought blocking  
 Comments:

**Alertness / Attention and Concentration:**  
 Alert  Focused  
 Short attention span  Tired / lethargic  
 Easily distractible  Other: \_\_\_\_\_  
 Comments:

**Orientation:**  
 Oriented  Disoriented  
 If disoriented, disoriented to:  
 Time  Place  Person  
 Comments:

**Memory:**  
**Short-term:**  
 Intact  Impaired  N/A due to age  
 Comments:  
**Long-term:**  
 Intact  Impaired  N/A due to age  
 Comments:

**Fund of Knowledge / Intelligence**  
 Average  Above Average  
 Below Average  
 Comments:

**Cognitive Ability / Insight**  
 Good  Poor  Fair  N/A due to age  
 Comments:

**Mood:**  
 Euthymic / Normal  Fearful / Anxious  
 Angry  Euphoric  Sad / Tearful  
 Irritable / Agitated  Silly  
 Other: \_\_\_\_\_  
 Comments:

**Affect / Expression:**  
 Normal Range  Incongruent w/ mood  
 Blunted  Labile  Congruent w/ mood  
 Restricted / Constricted  Flat  
 Comments:

**Examination of Risk - Suicidal**  
 Denies  Admits  
 If suicidal, indicate:  
 Thoughts  Plan  Intent  Recent Attempt  
 Comments:

**Examination of Risk - Homicidal**  
 Denies  Admits  
 If homicidal, indicate:  
 Thoughts  Plan  Intent  Recent Attempt  
 Comments:

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**IX. Summary and Diagnosis**

**CLIENT'S STRENGTHS** (to assist in achieving treatment goals)

**CLINICAL FORMULATION:** Summarize/conceptualize all clinical information to determine the client's diagnosis and include initial proposal(s) for treatment. Be sure to identify any impairments in life functioning due to the client's diagnosis (Medical Necessity). Formulation should include risk factors as well as any significant strengths that can assist the client with treatment.

**DIAGNOSTIC DESCRIPTOR**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ICD DIAGNOSIS CODE** (check at least one Primary)

Primary Code \_\_\_\_\_  
 Sec Code \_\_\_\_\_  
Code \_\_\_\_\_  
Code \_\_\_\_\_  
Code \_\_\_\_\_  
Code \_\_\_\_\_  
Code \_\_\_\_\_  
Code \_\_\_\_\_  
Code \_\_\_\_\_

**Disposition/Recommendations/Plan:**

**SIGNATURE**

\_\_\_\_\_  
Assessor's Signature & Discipline

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signature & Discipline

\_\_\_\_\_  
Date

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