CalWORKs MENTAL HEALTH BRIEF ASSESSMENT

Presenting Problem (reported problems/symptoms which interface with ability to work, other mental health problems)

# of Children Ages Are children attending school regularly? Yes ☐ No ☐ ***If No***, please explain

Does child/children have a learning/behavior problem or special needs Yes ☐ No ☐ ***If Yes***, please explain

How do you discipline your children?

What are your children's needs?

Psychosocial History (living situation, daily activities, family/other support, factors interferring with ability to work)

Psychiatric History (outpatient and inpatient)

Substance Abuse History (outpatient and inpatient)

Medical History (current conditions interfacing with mental health)

Current Medications (medical and psychiatric, type and dosage)

Potential Risk Factors (explain any Y responses)

Suicidal Thoughts Yes ☐ No ☐ Homicidal Thoughts Yes ☐ No ☐

Attitude toward mental health treatment: ☐ positive ☐ negative ☐ ambivalent

Attitude toward employment:

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Name: **MIS #:**

Facility:

Los Angeles County - Department of Mental Health

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Mental Status Evaluation

(Instructions: Circle all descriptions that apply)

General Description

Grooming & Hygiene: Well groomed Average Dirty Odorous Disheveled Bizarre

Eye Contact: Normal for culture Little Avoids Erratic

Motor Activity: Calm Restless Agitated Tremors/Tics Posturing Rigid Retarded Akathesis E.P.S.

Speech: Unimpaired Soft Slowed Mute Pressured Loud Excessive Slurred Incoherent Poverty of Content

Interactional Style: Culturally congruent Cooperative Sensitive Guarded/Suspicious Overly dramatic Negative Silly

Orientation: Oriented
Disoriented: Time Place Person Situation

Intellectual **Functioning**: Unimpaired Impaired

Memory: Unimpaired
Impaired: Immediate Remote Recent Amnesia

Fund of Knowledge: Average Below average Above average

Comments:

Mood and Affect

Mood: Euthymic Dysphoric Tearful Irritable Lack of pleasure Irritable Hopeless/Worthless Anxious: Known stressor Unknown stressor Euphoric

Affect: Appropriate Labile Expansive Constricted Blunted Flat Sad Worried

Perceptual Disturbance

None Apparent

Hallucinations: Visual Olafactory Tactile Auditory (command/ persecutory/ other)

Self-Perceptions: Depersonalizations Ideas of reference

Thought Process Disturbances

None Apparent

Associations: Unimpaired Loose Tangential Circumstantial Confabulations Flight of ideas Word Salad

Concentration: Intact Impaired: Rumination Thought blocking Clouding of consciousness Fragmented

Abstractions: Intact Concrete

Judgments: Intact
Impaired: Minimum, Moderate, Severe

Insight: Adequate
Impaired: Minimum, Moderate, Severe

Serial 7's: Intact Poor

Thought Content Disturbance

None Apparent

Delusions: Persecutory/Paranoid Grandiose Somatic Religious Nihilistic

Ideations: Bizarre Phobic Suspicious Obsessive Blames others Persecutory Assaultive ideas Magical thinking Irrational/Excessive worry Sexual preoccupation Excessive/Inapropriate religiosity Excessive/Inappropriate guilt

Behavioral Disturbances: **None** Aggressive Uncooperative Demanding Demeaning Belligerent Violent/Destructive Self-destructive Poor impulse control Excessive/Inappropriate display of anger Manipulative Antisocial

Passive: Amotivational Apathetic Isolated/withdrawn Evasive Dependent

Other: Disorganized Bizarre Obsessive Compulsive Ritualistic Excessive Inappropriate Crying

Comments:

Diagnosis

Axis I Prin Sec Code _____ Nomenclature _____

P S Code _____ Nomenclature _____

Axis II P S Code _____ Nomenclature _____

Axis III _____ Code _____ **Axis V** Current GAF _____

Axis IV Psychosocial and Environmental Problems which may affect diagnosis, treatment, or prognosis.
Primary Problem ____ Circle as many as apply: 1. primary support group 2. social environment 3. educational 4. occupational 5. housing 6. economics 7. access to health care 8. interaction with legal system 9. other psychosocial/environmental 10. inadequate information

Signature and Discipline	Staff Code	Date	Time (hrs & min)

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