

Purpose:

- Tri-Annual
- Returning to Treatment

Date Re-Assessment Started: _____

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: _____

I. Reason for Referral/Chief Complaint

Describe precipitating event(s)/Reason for Referral:

- Tri-Annual – same as Full Assessment
- Returning to Treatment – updates include the following: (describe below)

Current symptoms/behaviors (intensity, duration and frequency)

Current Impairments in Life Functioning associated with Symptoms/Behaviors (include the perspective of the client and the perspective of others)

Client Strengths (to assist in achieving treatment goals)

II. Mental Health History:

History of Problem Prior to Precipitating Event: Include treated and non-treated history.

- Tri-Annual – same as Full Assessment
- Returning to Treatment - updates include the following: (describe below)

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

Outpatient Treatment:

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)

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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VI. Psychosocial History

Please state specifically how Mental Health status directly impacts each area below. Be sure to include the client's strengths in each area.

Education

Motivation, education goals, literacy skill level, general knowledge skill level, math skill level, school problems, etc:

- No Updates Updates include the following: (describe below)

Employment History, Readiness for Employment and Means of Financial Support

Work related problems, volunteer work, money management, source of income, longest period of employment, etc:

- No Updates Updates include the following: (describe below)

Legal History and Current Legal Status

Arrests/DUI, probation, convictions, divorce, conservatorship, parole, child custody, etc:

- No Updates Updates include the following: (describe below)

Current Living Arrangement and Social Support Systems

Type of living setting, problems at setting, community, religious, government agency, or other types of support, etc:

- No Updates Updates include the following: (describe below)

Dependent Care Issues

Ages of children, school attendance/behavior problems of children, special needs of dependents, foster care/group home placement issues, child support, etc:

- No Updates Updates include the following: (describe below)

Family and Relationships

Family constellation, family of origin, family dynamics, cultural factors, nature of relationships, domestic violence, physical or sexual abuse, home safety issues, family medical history, family legal/criminal issues

- No Updates Updates include the following: (describe below)

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VII. Mental Status Evaluation

Instructions: Check all descriptions that apply

General Description

Grooming & Hygiene: Well Groomed
 Average Dirty Odorous Disheveled
 Bizarre
Comments:

Eye Contact: Normal for culture
 Little Avoids Erratic
Comments:

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

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

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

Orientation: Oriented
 Disoriented to:
 Time Place Person Situation
Comments:

Intellectual Functioning: Unimpaired
 Impaired
Comments:

Memory: Unimpaired
 Impaired re: Immediate Remote Recent
 Amnesia
Comments:

Fund of Knowledge: Average
 Below Average Above Average
Comments:

Mood and Affect

Mood: Euthymic Dysphoric Tearful
 Irritable Lack of Pleasure
 Hopeless/Worthless Anxious
 Known Stressor Unknown Stressor
Comments:

Affect: Appropriate Labile Expansive
 Constricted Blunted Flat Sad
 Worried
Comments:

Perceptual Disturbance

None Apparent

Hallucinations: Visual Olfactory
 Tactile Auditory: Command
 Persecutory Other
Comments:

Self-Perceptions: Depersonalizations
 Ideas of Reference
Comments:

Thought Process Disturbances

None Apparent

Associations: Unimpaired Loose
 Tangential Circumstantial Confabulous
 Flight of Ideas Word Salad
Comments:

Concentration: Intact Impaired by:
 Rumination Thought Blocking
 Clouding of Consciousness Fragmented
Comments:

Abstractions: Intact Concrete
Comments:

Judgments: Intact
 Impaired re: Minimum Moderate Severe
Comments:

Insight: Adequate
 Impaired re: Minimum Moderate Severe
Comments:

Serial 7's: Intact Poor
Comments:

Thought Content Disturbance

None Apparent

Delusions: Persecutory Paranoid Grandiose
 Somatic Religious Nihilistic
 Being Controlled
Comments:

Ideations: Bizarre Phobic Suspicious
 Obsessive Blames Others Persecutory
 Assaultive Ideas Magical Thinking
 Irrational/Excessive Worry
 Sexual Preoccupation
 Excessive/Inappropriate Religiosity
 Excessive/Inappropriate Guilt
Comments:

Behavioral Disturbance

None Aggressive
 Uncooperative Demanding Demeaning
 Belligerent Violent Destructive
 Self-Destructive Poor Impulse Control
 Excessive/Inappropriate Display of Anger
 Manipulative Antisocial
Comments:

Suicidality/Homicidality

Suicidal: Denies Ideation Only
 Threatening Plan
Comments:

Homicidal: Denies Ideation Only
 Threatening Target Plan
Comments:

Other

Passive: Amotivational Apathetic
 Isolated Withdrawn Evasive Dependent
Comments:

Other: Disorganized Bizarre
 Obsessive/compulsive Ritualistic
 Excessive/Inappropriate Crying
Comments:

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ADULT RE-ASSESSMENT

VIII. Summary and Diagnosis

I. Diagnostic Summary: (Be sure to include assessment for risk of suicidal/homicidal behaviors, significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning, i.e., Work, School, Home, Community, Living Arrangements, etc, and justification for diagnosis)

II. Diagnostic Descriptor

ICD Diagnosis Code (check at least one Primary)

Primary Code _____
 Sec Code _____
Code _____
Code _____
Code _____
Code _____
Code _____
Code _____

III. Specialty Mental Health Services Medical Necessity Criteria:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Medi-Cal Specialty Mental Health Included Diagnosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Significant impairment in life functioning due to the Included Diagnosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Expectation that proposed interventions can impact the client's condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Condition will not be responsive to physical health care based treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IV. Disposition/Recommendations/Plan

V. Signatures

Assessor's Signature & Discipline

Date

Co-Signature & Discipline

Date

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