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Interviewed: ☐ Client and/or ☐ Other (name and relationship):

Special Service Needs:

☐ Non-English Speaking, specify language needs:

Were Interpretive Services provided for this interview? ☐ Yes ☐ No

☐ Cultural Considerations, specify:

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

☐ Access issues (transportation, hours), specify:

I. Reason for Referral/Chief Complaint ☐ See Information on dated:

Reason for Referral

Current Symptoms/Behaviors

Impairments in Life Functioning (daily living activities, social, employment/education, housing, financial, etc)

II. Psychiatric History ☐ See Information on dated:

Outpatient and Inpatient, include dates, providers, interventions, and responses ☐ See information on IS Screen Prints

III. Current Risk and Safety Concern ☐ See Information on dated:

Current Thoughts of Self-Harm/Suicide	☐Yes	☐No	Current Thoughts of Harming Another Person	☐Yes	☐No
Past Thoughts of Self-Harm/Suicide	☐Yes	☐No	Past Thoughts of Harming Another Person	☐Yes	☐No
Prior Suicide Attempts/If yes, #	☐Yes	☐No	History of Homicide/Manslaughter	☐Yes	☐No
Probation/Parole Involvement	☐Yes	☐No	History of Injuring Another Person	☐Yes	☐No
Current/History of Injuring Animals	☐Yes	☐No	School Issues or IEP in place	☐Yes	☐No
Recent Trauma Exposure	☐Yes	☐No	Current Substance Use/Abuse	☐Yes	☐No
Recent Job Loss	☐Yes	☐No	Past Substance Use/Abuse	☐Yes	☐No
Victim of Violence/Abuse	☐Yes	☐No	Perpetrator of Violence/Abuse	☐Yes	☐No
DCFS Involvement	☐Yes	☐No	Homeless	☐Yes	☐No
Access to Guns/Weapons	☐Yes	☐No			

Other (specify):

For any risk/safety concerns marked yes, please explain. Identify if any safety measures are needed, required or taken.

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IV. Relevant Medical Conditions ☐ See Information on _____ dated: _____

Hearing Impairment ☐ Yes ☐ No Visual Impairment ☐ Yes ☐ No Motor Impairment ☐ Yes ☐ No
Other Sensory Impairment ☐ Yes ☐ No If yes, specify:
Allergies ☐ Yes ☐ No If yes, specify:
Other Medical Conditions ☐ Yes ☐ No If yes, specify:
Last Physical Exam Date:
Other Comments Regarding Medical Conditions:

V. Medications

Client is currently on medications: ☐ Yes ☐ No If yes, How many days of medication does the client have left?
If yes, specify medications (include name and if there are any side-effects/adverse reactions).

VI. Substance Use/Abuse

Does the client currently appear to be under the influence of alcohol or drugs? ☐ Yes ☐ No
Additional Comments (i.e. drugs using, frequency, duration of use, etc.):

When was the last time the client used alcohol or drugs?

Has the client ever received professional help for his/her use of alcohol or drugs? ☐ Yes ☐ No If yes, please explain below

How does the use of alcohol or drugs impact the client's daily functioning?

VII. Psychosocial ☐ See Information on _____ dated: _____

Describe any of the following issues that may impact linkage/referral: Family & Relationships, Dependent Care Issues (Number of Dependents, Ages, Needs & Special Needs), Current Living Arrangement, Social Support Systems, Education, Employment History/Readiness/Means of Financial Support, Legal History and Current Legal Status.

VIII. Additional Client Contacts/Relationships: Refer to the "MH 525: Contact Information" form.

☐ DCFS ☐ Probation ☐ DPSS ☐ Health ☐ Outside Meds ☐ Regional Center
☐ Substance Abuse/12 Step ☐ Consumer Run/NAMI ☐ Education/AB 3632
☐ Other

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IX. Mental Status

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 to: ☐ Time ☐ Place ☐ Person ☐ Situation
Intellectual Functioning: ☐ Unimpaired ☐ Impaired
Memory: ☐ Unimpaired ☐ Impaired re: ☐ Immediate ☐ Remote ☐ Recent ☐ Amnesia
Fund of Knowledge: ☐ Average ☐ Below Average ☐ Above Average

Mood and Affect

Mood: ☐ Euthymic ☐ Dysphoric ☐ Tearful ☐ Irritable ☐Lack of Pleasure ☐ Hopeless/Worthless ☐ Anxious ☐ Known Stressor ☐ Unknown Stressor
Affect: ☐ Appropriate ☐ Labile ☐ Expansive ☐ Constricted ☐ Blunted ☐ Flat ☐ Sad ☐ Worries

Perceptual Disturbance

☐ None Apparent
Hallucinations: ☐ Visual ☐ Olfactory ☐ Tactile ☐ Auditory: ☐ Command ☐ Persecutory ☐ Other
Self-Perceptions: ☐ Depersonalizations ☐ Ideas of Reference

Thought Process Disturbances

☐ None Apparent
Associations: ☐ Unimpaired ☐ Loose ☐ Tangential ☐ Circumstantial ☐ Confabulous ☐ Flight of Ideas ☐ Word Salad
Concentration: ☐ Intact ☐ Impaired by: ☐ Rumination ☐ Thought Blocking ☐ Clouding of Consciousness ☐ Fragmented
Abstractions: ☐ Intact ☐ Concrete
Judgments: ☐ Intact ☐ Impaired re: ☐ Minimum ☐ Moderate ☐ Severe
Insight: ☐ Adequate ☐ Impaired re: ☐ Minimum ☐ Moderate ☐ Severe
Serial 7's: ☐ Intact ☐ Poor

Thought Content Disturbance

☐ None Apparent
Delusions: ☐ Persecutory ☐ Paranoid ☐ Grandiose ☐ Somatic ☐ Religious ☐ Nihilistic ☐ Being Controlled
Ideations: ☐ Bizarre ☐ Phobic ☐ Suspicious ☐ Obsessive ☐ Blames Others ☐ Persecutory ☐ Assaultive Ideas ☐ Magical Thinking ☐ Irrational/Excessive Worry ☐ Sexual Preoccupation ☐ Excessive/Inappropriate 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
Suicidal/Homicidal: ☐ Denies ☐ Ideation Only ☐ Threatening ☐ Plan ☐ Past Attempts
Passive: ☐ Amotivational ☐ Apathetic ☐ Isolated ☐ Withdrawn ☐ Evasive ☐ Dependent
Other: ☐ Disorganized ☐ Bizarre ☐ Obsessive/compulsive ☐ Ritualistic ☐ Excessive/Inappropriate Crying

Comments on Mental Status:

X. Summary

Summary/ Clinical Impression (including strengths and attitude towards treatment):

Diagnosis:

Axis I	☐ Prim	☐ Sec	Code		Nomenclature
		☐ Sec	Code		Nomenclature
		☐ Sec	Code		Nomenclature
Axis II	☐ Prim	☐ Sec	Code		Nomenclature
		☐ Sec	Code		Nomenclature
Axis III			Code		Nomenclature
			Code		Nomenclature
			Code		Nomenclature

Axis IV **1.**☐ Primary support group **2.**☐ Social environment **3.**☐ Educational **4.**☐ Occupational **5.**☐ Housing **6.**☐ Economics **7.**☐ Access to health care **8.**☐ Interaction w/legal system **9.**☐ Other psychosocial/environmental **10.**☐ Inadequate information

Axis V GAF _____ **Dual Diagnosis Code:** _____

Disposition/Recommendations/Plan:

_____ _____
Signature & Discipline Date

_____ _____
Co-Signature & Discipline (if required) Date

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