

# ADULT RE-ASSESSMENT

**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: \_\_\_\_\_

**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 – updates include the following: (describe below)

**Current symptoms/behaviors (intensity, duration and frequency) and Current Impairments in Life Functioning** caused by the symptoms/behaviors (include the perspective of the client and the perspective of 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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**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/School History**

*Describe 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**

*Describe 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**

*Describe any 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**

*Describe 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)

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

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

**Dependent Care Issues**

*Describe 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**

*Describe 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 EXAM**

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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**VIII. Summary and Diagnosis**

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

**CLINICAL FORMULATION AND DIAGNOSTIC JUSTIFICATION** *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 \_\_\_\_\_  
Code \_\_\_\_\_

**Disposition/Recommendations/Plan:**

**SIGNATURE:**

\_\_\_\_\_  
Assessor's Signature & Discipline                      Date                      Co-Signature & Discipline                      Date

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