

ASSESSMENT

Name: _____
 Date of Birth: _____
 Age: _____
 Social Security #: _____
 Gender: Male Female *Preferred Pronouns:* _____
 Race/Ethnicity: _____
 Preferred Language: _____
 Address: _____
 Phone Number: _____
 E-mail address: _____

AHCCCS Coverage: No Yes: *If yes AHCCCSID #:* _____ *and AHCCCS Health Plan:* _____
 Insurance Coverage: _____

Emergency Contact: Name: _____
 Address: _____
 Phone Number: _____
 Primary Care Physician: Name: _____
 Address: _____
 Phone Number: _____

Place of Evaluation: _____
 Date of Evaluation: _____
 Referral Source: _____ *if other, specify who:* _____
 Evaluator/Credentials: _____ Phone Number: _____

MEDICAL HISTORY:

Medical Conditions		
Condition	No/Yes	Additional Information (onset, treatment, etc.)
Diabetes	No Yes	
Heart Disease (High blood pressure, heart attacks, etc.)	No Yes, <i>If yes, what:</i>	
Strokes	No Yes	
Lung Disease (Asthma, COPD, Emphysema, etc.)	No Yes <i>If yes, what:</i>	
Seizures	No Yes	
Cancer	No Yes <i>If yes, what type:</i>	
Liver/Kidney Disease	No Yes	

Medical Conditions		
Condition	No/Yes	Additional Information (onset, treatment, etc.)
Thyroid Disorder	No Yes <i>If yes, what type:</i>	
Hepatitis	No Yes <i>If yes, what type:</i>	
HIV/AIDS	No Yes Deferred	
History of head trauma/injuries	No Yes	
Chronic pain	No Yes	
Other Conditions:		
Allergies?	No Yes, <i>If yes, explain:</i>	
Surgeries?	No Yes, <i>If yes, explain:</i>	
Number of pregnancies and number of live births?		
Difficulties because of medical issues?		

MENTAL HEALTH HISTORY:

Mental Health Treatment			
Type	Where	When	Why/Diagnosis
Other:			

MEDICATIONS:

Current Medications (<i>psychiatric and medical</i>)		
Medication	Dosage	Additional Information (<i>i.e. reason for Rx and abuse or adherence</i>)
Side effects?		
Efficacy of current and past medications?		

MENTAL HEALTH SYMPTOMS:

Symptoms
Description <i>(including onset, precipitating events, duration, frequency, triggers, and specific examples like quotes):</i>
Difficulties because of symptoms?
How will you know if things are better/improving?
What type of assistance do you feel you need?

Risk Assessment	
History of suicide attempts?	No Yes <i>If yes, explain:</i>
Current ideation, intent, plans, or access to means?	No Yes <i>If yes, explain:</i>
Most recent suicidal ideation? Was there intent or a plan?	
History of harming others?	No Yes <i>If yes, explain:</i>
Current ideation, intent, plans, or access to means?	No Yes <i>If yes, explain:</i>
Most recent homicidal ideation? Was there intent or a plan?	
History of self-injurious behavior?	No Yes <i>If yes, explain:</i>
Was Duty to Warn completed?	No Yes <i>If yes, explain:</i>

SUBSTANCE ABUSE HISTORY:

Substance Abuse			
Type	First Use	Last Use	History/ Pattern of use (type, amount, and frequency)
Other:			
Drug of choice?			
Longest period of sobriety? How did they function during sobriety?			
History of substance abuse treatment?	No	Yes, <i>If yes, explain:</i>	
Cigarette Smoker?	No	Yes, <i>If yes, how many packs a day:</i>	
How has substance abuse impacted functioning?			
Additional Information:			

LEGAL HISTORY:

Legal	
History of arrests?	No Yes <i>If yes, explain:</i>
Sentences?	
Additional Information:	

EDUCATION & EMPLOYMENT HISTORY:

Education	
Highest level of Education?	
Special Education?	No Yes <i>If yes, explain:</i>
Additional Information:	
Employment	
Currently Employed?	Yes No <i>If yes describe the job (type of work, PT or FT, etc.), If no describe the last job:</i>
Work history	
Barriers to employment	

INTERPERSONAL FUNCTIONING:

Social History	
Raised by?	
Siblings?	
Description of Childhood:	
History of Abuse?	No Yes <i>If yes, describe:</i>
Developmental Milestones (walk, talk, and potty train)	Met Not Met, <i>explain:</i>
Complications at birth?	
Family history of mental illness, suicides, medical issues, and substance abuse?	
Relationship Status:	Single Committed Relationship Married Separated Divorced Widowed <i>Relationship History:</i>
Children:	
Friendships:	

Demeanor/Interaction	
Mood (<i>as reported by the individual</i>)	
Affect (<i>as observed by the evaluator</i>)	Euthymic Dysphoric Upbeat Irritable Anxious Angry Euphoric Flat Constricted Labile
Eye Contact	Appropriate Minimal Poor Adequate Constant
Cooperation	Good Resistant Hostile Defensive Evasive Apathetic
Additional information:	
Speech	
Articulation	Goal-Directed Unintelligible Mumbled Slurred Stuttered Clear
Tone	Normal Soft Loud
Rate	Normal Slow Verbose Pressured
Response Latency	Within Normal Limits Delayed Shortened
Additional Information:	
Motor Activity	
Gait	Normal Staggering Shuffling Slow Awkward Use of Cane
Posture	Normal Relaxed Rigid Tense Slouched Erect
Psychomotor activity	Within Normal Limits Calm Hypoactive Restless Hyperactive Agitated
Mannerisms	None Tics Tremors Rocking Picking Grimacing
Additional Information:	
Cognition	
Thought Content	Unremarkable Illogical Ruminations Negative Other:
Thought Processes	Logical/Coherent Tangential Circumstantial Vague
Delusions	No Yes <i>If yes, what type:</i> Grandiose Persecutory Somatic Erotomanic Jealous Other:
Perception (<i>as observed by the evaluator – i.e. responding to unseen others</i>)	Unremarkable Auditory Hallucinations Visual Hallucinations Tactile Hallucinations Olfactory Hallucinations Gustatory Hallucinations
Judgment	Good Partial Limited Poor None
Impulse Control	Good Partial Limited Poor None
Insight	Good Partial Limited Poor None
Additional Information:	
Intelligence	
Estimated intelligence	Average Below Average Above Average Borderline Intellectual Functioning Intellectual disability Unable to determine
Additional Information:	

MENTAL STATUS:

Mini Mental Status Exam		
Category	Measurement	Results
Orientation	Asked about person, place, time, and situation.	
Attention	Asked to complete Serial 7's (counting backwards from 100 in increments of 7) and the "world" task (spelling the word "world" forwards and backwards).	
Immediate Recall	Asked to repeat three words: "Robin, Blue, and St. Louis."	
Naming	Asked to identify a pen and watch.	
Repetition	Asked to repeat the phrase: "No ifs, ands, or buts."	
Following Instructions	Asked to take a piece of paper in their right hand, fold it in half, and set it on the table.	
Reading	Was shown a piece of paper that read, "close your eyes," and asked to read it and do what it says.	
Writing	Instructed to write a sentence of their choosing.	
Construction	Asked to draw a clock with the hands pointing to 11:10 am.	
Delayed Recall	Asked to recall the above words after a five minute delay.	

Higher Executive Functioning		
Category	Measurement	Results
Current events	Asked to name the last three presidents of the United States.	
Judgment	Asked what they would do if they encountered a burning house in their neighborhood and a stamped, sealed, and addressed envelope on the street.	
Problem solving	Asked to identify the similarity between an apple and a banana and a car and a boat.	
Abstract thinking	Asked the meaning of the following proverbs: "Don't cry over spilled milk" and "Rome wasn't built in a day."	

Additional information			
Clinical records obtained:	Yes	No	If no, explain:
Pend options:	20 day	EEP	3 Day: <i>If 3 day, explain:</i>

