



INTAKE EVALUATION FOR NON-ENROLLED CLIENTS

Date: _____

Name: _____

Check One: Self-pay

ID#: _____

Insurance only

Date of Birth: _____

DV

PRESENTING PROBLEM

CURRENT/PAST BEHAVIORAL HEALTH TREATMENT (include compliance, T-36, Rx)

SUBSTANCE ABUSE HISTORY

MEDICAL PROBLEMS: (Include any head injuries, history of seizures & medications)

LEGAL ISSUES



RISK ASSESSMENT

1. Have you ever thought about harming yourself or someone else? No Yes, if yes, did you have a plan and when was the last time you thought about harming yourself?

2. Have you ever harmed/injured yourself, someone else or an animal intentionally? No Yes, if yes, did you have a plan and when was the last time you harmed yourself or someone else?

3 Provide more detailed explanation for any DTO/DTS risk factors that apply.

4. Considering the responses to the above risk factors in combination with all the other information you know about the person (e.g., gender, age, diagnosis, balancing factors – resiliency and supports), would you rate the level of risk for this person as:

Low Risk Medium Risk High Risk ? Please explain your rating:

MENTAL STATUS EXAM

While prompts are provided below, the assessor should make sure to describe his/her observations and impressions of the person for each question below.

1. Describe the **person's interaction** with you and others in attendance; include general observations about the person's appearance, behavior and social interaction: _____

2. **Motor Activity** (e.g., orderly, calm, agitated, restless, hypoactive, tics, mannerisms, tremors, convulsions, ataxia, akathisia): _____

3. **Mood** (*Sustained emotional state*, e.g., relaxed, happy, anxious, angry, depressed, hopeless, hopeful, apathetic, euphoric, euthymic, elated, irritable, fearful, silly): _____

4. **Affect** (*Outward expression of person's current feeling state*, e.g., broad range, appropriate to thought content, inappropriate to thought content, labile, flat, blunted): _____

5. **Self-concept** (e.g., self-assured, realistic, low self-esteem, inflated self-esteem): _____

6. **Speech** (e.g., mute, talkative, articulate, normally responsive, rapid, slow, slurred, stuttering, loud, whispered, mumbled, spontaneous, stilted, aphasic, repetitive): _____

7. **Thought Process** (e.g., logical, relevant, coherent, goal directed, illogical, incoherent, circumstantial, rambling, pressured, flight of ideas, loose associations, tangential, grossly disorganized, blocking, neologisms, clanging, confused, perplexed, confabulating): _____



8. **Thought Content** (e.g., optimistic, grandiose, delusions, preoccupations, hallucinations, ideas of references, obsessions/compulsions, phobias, poverty of content, suicidal or homicidal ideation, prejudices/biases, hypochondria cal, depressive): _____

9. **Intellectual Functions:** _____

9(a) **Sensorium**

(e.g., orientation – person, place, time, situation): _____

9(b) **Memory** (e.g., recent, remote, retention and recall (3 object memory, recall: immediate/5 minutes; digit span memory): _____

9(c) **Intellectual Capacity** (e.g., general information (current events, geographical facts, current/past presidents), calculations (serial 3's or 7's), abstraction and comprehension (comparison and differences, proverb interpretations): _____

9(d) **Estimated Intelligence** (e.g., below average, average, above average, unable to determine): _____

10. **Judgment and Impulse Control** (e.g., good, partial, limited, poor, none): _____

11. **Insight** (e.g., good, fair, poor, none): _____

CLINICAL FORMULATION AND DIAGNOSES

A. Clinical Formulation/Case Summary: The assessor should ensure this succinct paragraph:

- Provides a descriptive picture of the person through summarization of pertinent data for person’s medical/ behavioral health history and mental status findings.
- Summarizes how bio-psycho-social, environmental, cultural, personality and family factors and unique mental/social functioning have influenced person’s history and current status.
- Identifies strengths and needs of person and his/her family.
- Prioritizes needs to be addressed; allowing assessor and person/family to readily understand what needs to be done next.



B. Diagnostic Summary:

1. Axis I

_____	_____	_____	_____
DSM-IV TR Code	DSM-IV Diagnosis	DSM-IV TR Code	DSM-IV Diagnosis
-			
_____	_____	_____	_____
DSM-IV TR Code	DSM-IV Diagnosis	DSM-IV TR Code	DSM-IV Diagnosis

2. Axis II

_____	_____	_____	_____
DSM-IV TR Code	DSM-IV Diagnosis	DSM-IV TR Code	DSM-IV Diagnosis

3. Axis III – Medical Problems: _____

4. Axis IV - Stressors: _____

5. Axis V - Global Assessment of Functioning (CGAS/GAF) Score (specific score not a range): _____

SUPPORT SYSTEM

RECOMMENDATIONS

SIGNATURE SECTION

_____	/	_____	_____
Printed Name of Evaluator		Signature	Date

_____	/	_____	_____
Printed Name of Reviewer		Signature	Date