

Interviewed: Client and/or Other (name & relationship): _____

Client's primary language _____ Interpretive services needed Y N

Service / Admit Date: _____

Discharge Date: _____
(Last Service Date)

Presenting Situations and Problem:

Behaviorally describe precipitating event, duration & impairment.

Family/Support

System: current situation and psychosocial history.

Psychiatric History:

Medications, Outpatient and Hospitalizations.

Current Risk Factors:

(check & explain any yes)

suicide Y N

recent trauma Y N

substance use/abuse Y N

homicide Y N

victim/perpetrator of violence Y N

Relevant Medical Conditions:

Include provider and date of last physical, allergies and medications. For children - relevant developmental history.

Impairments:

(check & explain any yes)

hearing impairment Y N

visual impairment Y N

(Check one primary & one secondary)

Diagnosis: Axis I Prim Sec _____ Code _____

Prim Sec _____ Code _____

Axis II Prim Sec _____ Code _____

Axis III _____ Code _____

Axis IV Primary Problem _____ Dual Diagnosis Code _____

Axis V GAF Admit Highest _____ Admit / Discharge _____

Disposition: Involuntary Hospital Other _____

Signature & Discipline

Date

See Progress Note for claim and attestation

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

Name:

MIS #:

Agency:

Prov #:

Los Angeles County - Department of Mental Health

Mental Status Evaluation

Instructions: Circle all descriptions that apply

General Description

Grooming & Hygiene: Well groomed Average
Dirty Odorous Disheveled Bizarre

Comments: _____

Eve 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: Time Place Person Situation

Comments: _____

Intellectual Functioning: Unimpaired Impaired

Comments: _____

Memory: Unimpaired
Impaired: 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
Euphoric

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 Present

Associations: Unimpaired Loose Tangential
Circumstantial Confabulations Flight of Ideas
Word Salad

Concentration: Intact Impaired: Rumination
Thought blocking Clouding of Consciousness
Fragmented

Abstractions: Intact Concrete

Judgements: Intact
Impaired: minimum moderate severe

Insight: Adequate
Impaired: 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 Anti-social

Comments: _____

Suicidal / Homicidal: Denies Ideation only
Threatening Plan Past attempts

Comments: _____

Passive: Amotivational Apathetic
Isolated / Withdrawn Evasive Dependent

Comments: _____

Other: Disorganized / Bizarre
Obsessive / Compulsive Ritualistic
Excessive / Inappropriate Crying

Comments: _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

Name:

MIS #:

Agency:

Prov #:

Los Angeles County - Department of Mental Health