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| Person’s Name (First MI Last):       | Record #:       | Date of Admission:       |

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| Organization/Program Name:       | DOB:       | Gender: [ ]  Male [ ]  Female [ ]  Transgender |

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| Presenting Concerns (In Person’s /Family’s Own Words) |
| Referral Source:      Reason for Referral:       |

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| **What Occurred to Cause the Person to Seek Services Now** (Note Precipitating Event, Symptoms, Behavioral and Functioning Needs)**:**       |

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| Living Situation |
| What is the person’s current living situation? (check one)[ ]  Rent [ ]  Own [ ]  Friend’s Home [ ]  Relative’s/Guardian’s Home [ ]  Foster Care Home [ ]  Respite Care [ ]  Jail/Prison [ ]  Homeless living with friend [ ]  Homeless in shelter/No residence [ ]  Other:        [ ]  Residential Care/Treatment Facility*:* *[ ]  Hospital* *[ ]  Temporary Housing* *[ ]  Residential Program* *[ ]  Nursing/Rest Home* *[ ]  Supportive Housing*At Risk of Losing Current Housing [ ]  Yes [ ]  No Satisfied with Current Living Situation [ ]  Yes [ ]  No Comments (Include environmental surroundings and neighborhood description):       |

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| **Family History** |

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| **Family History and Relationship, Parental/ Familial Caretaker Obligations:**       |

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| **Pertinent Family Medical, MH and SU History:**       |

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| **Developmental History and Status:**       |

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| **Social Support**  |

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| **Friendship/Social/Peer Support Relationships, Pets, Community Supports/Self Help Groups** (AA, NA, SMART, NAMI, Peer Support, etc.)**:**       |

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| **Religion/Spirituality and Cultural/Ethnic Information:**       |

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| Person’s Name (First MI Last):       | Record #:       |

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| **Legal Status and Legal Involvement History** |
| Does Person Served have a Legal Guardian, Rep Payee or Conservatorship? [ ]  No [ ]  Yes; **If yes, complete and attach the Legal Status Addendum**Is there a need for a Legal Guardian, Rep Payee or Conservatorship? [ ]  No [ ]  Yes / Explain:      Does the person have a history of, or current involvement with the legal system (i.e., legal charges)? [ ]  No [ ]  Yes; **If yes, complete and attach the Legal Involvement and History Addendum** |

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| **Education**  |
| **Highest Level of Education Achieved**: [ ]  GED [ ]  HS Grad [ ]  College [ ]  Vocational Training [ ]  Graduate Degree Highest Grade Completed:      Person’s Preferred Learning Style(s):[ ]  Visual [ ]  Auditory [ ]  Verbal [ ] Written [ ]  Learn by doingCurrently Enrolled in Educational Program?:[ ]  No [ ]  Yes;  **If yes, complete and attach Education Addendum**Is person interested in further education or assistance in education?: [ ]  No [ ]  Yes:  **If yes, complete and attach Education Addendum** |

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| **Employment and Meaningful Activities**  |
| **Employment Status/Interests:**      [ ]  Never Worked Currently Employed?[ ]  No [ ]  Yes; If yes, length of employment:       (If not currently employed) – Person served wants to work? [ ]  No [ ]  Yes [ ]  Uncertain / Comments:      Does the person want help to find employment? [ ]  No [ ]  Yes / Comments:       **If yes, complete Employment Addendum****Meaningful Activities** (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests):       |

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| Income/Financial Support |
| How does the person describe her/his current financial situation? [ ]  Comfortable/ living within means [ ]  Occasional struggle with finances [ ]  Often struggles with finances [ ]  Financial struggles are a major source of stress Comments:       Do you receive any sources of financial assistance? [ ]  SSI [ ]  SSDI [ ]  Food Stamps [ ]  Contributions from family or friends  [ ]  Disability [ ]  Child Support [ ]  Veterans Benefits  [ ]  TAFDC [ ]  EAEDC [ ] Other:      If yes, Type and Amount:        |

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| **Military Service** [ ]  **None Reported** - If None Reported, skip to the Substance Use / Addictive Behavior History Section |
| **Military Status:**  [ ]  Active [ ]  Veteran | **Date of Discharge:**       **Type of Discharge:** [ ]  1. Honorable [ ]  2. General (under Honorable Conditions [ ]  3. Other than Honorable [ ]  4. Bad Conduct [ ]  5. DishonorableReason:      |
| Is a complete Military Service assessment needed? [ ]  No [ ]  Yes; **If yes, complete and attach Military Service Addendum** |

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| **Addictive Behavior and Substance Abuse History** |
| Does person report a history of, or current, substance use or other addictive behavior concerns (i.e., alcohol, tobacco, gambling, food)?[ ] No[ ] Yes;**. If yes, complete and attach Addictive Behavior History/SA Addendum.**  |

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| Person’s Name (First MI Last):       | Record #:       |

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| Mental Health and Addiction Treatment History  |

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| **Type of Service** | **Dates of Service** | **Reason** | **Name of Provider/ Agency:** | **Inpatient/ Outpatient** | **Completed** |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |
|       |      /      |       |       | [ ]  In [ ]  Out | [ ]  No[ ]  Yes |

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| **Efficacy of past and current treatment:**       |

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| **Psychiatric History (including past diagnoses):**       |

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| **Source(s) of Information:**  [ ]  Person Served [ ]  Significant other/Family member(s) [ ]  Service Provider(s) [ ]  Case Manager [ ]  Written records [ ]  Other:       |

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| **Physical Health** |

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| **PCP, Medical Specialist and Dentist****Name, Credentials, Specialty** | **Telephone Number** | **Fax Number** | **Address** | **Date of Last Exam** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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| Person’s Name (First MI Last):       | Record #:       |

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| **Physical Health Summary** **OR** **[ ]  Refer to Attached Physical Health Assessment****Bureau of Substance Abuse Services (BSAS) Programs must complete the MSDP Infectious Disease Risk Addendum and the BSAS TB Assessment****Allergies:** **[ ]** No Known Allergies **[ ]  Yes, list below:** Food:       Medication (including OTC, herbal):       Environmental:      **Physical Health Summary: (**Include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person’s served functioning.)      **Sexual History/Concerns:**      **Pain Screening:** Does the person experience pain currently? [ ]  Yes [ ]  No Has the person experienced pain in past few months? [ ]  Yes [ ]  NoDescribe the type, frequency, duration, intensity, identified cause, any limitations to functioning and what helps relieve the pain:     **Nutritional Screening:** (check all that are reported)[ ]  Special diet? (e.g. diabetic, celiac) Follows special diet? [ ]  Yes [ ]  No [ ]  Medications affecting nutritional status[ ]  Weight gain/loss of 10 pounds or more without specific diet [ ]  Change in appetite[ ]  Binging [ ]  Purging [ ]  Use of laxatives [ ]  Intense focus on weight, body size, calorie intake, exerciseBeliefs, perceptions, attitude, behaviors regarding food:      **Physical Health Summary and Recommendations:**If person has not had physical exam in past year, or if person has reported pain without a determined cause, or if person has reported eating disordered behaviors that are not being medically followed:[ ]  Referral for physical exam [ ]  Referral for Nutritional Assessment[ ]  Person declined exam (reason):       [ ]  PCP contacted |

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| **Medication Summary****Medication information and history of adverse reactions:** (Include what medications work well and have worked well previously, any adverse side effects, why person doesn’t take meds as prescribed and/or which one(s) the person would like to avoid taking in the future):      **Is the person served currently taking any medication** **[ ]  No** **[ ]  Yes; If yes, complete and attach the Medication Addendum** |

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| **Advanced Directive** |
| Does the person have advanced directive established [ ] No [ ] YesIf yes, what type? [ ]  Living Will [ ]  Power of Attorney [ ]  Health Care Proxy [ ]  Other:      If no, does the person wish to develop them at this time? [ ] No [ ] Yes / If yes, follow agency’s procedure for completion |

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| Trauma History  |
| Does person report a history of trauma? [ ]  No [ ]  YesDoes person report history/current family/significant other, household, and/or environmental violence, abuse or neglect or exploitation? [ ]  No [ ]  Yes**If the answer to either of the above questions is yes, complete and attach the Trauma History Addendum.** |

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| Person’s Name (First MI Last):       | Record #:       |

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| **Mental Status Exam –** (WNL = Within Normal Limits) (**\*\***) ***– If Checked, Risk Assessment is Required*** |

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| **Appearance/ Clothing:** | [ ]  WNL | [ ]  Neat and appropriate | [ ]  Physically unkempt | [ ]  Disheveled | [ ]  Out of the Ordinary |  |
| **Eye Contact:** | [ ]  WNL | [ ]  Avoidant | [ ]  Intense | [ ]  Intermittent |  |  |
| **Build:** | [ ]  WNL | [ ]  Thin  | [ ]  Overweight | [ ]  Short | [ ] Tall |  |
| **Posture:** | [ ]  WNL | [ ]  Slumped | [ ]  Rigid, Tense | [ ]  Atypical |  |  |
| **Body Movement:** | [ ]  WNL | [ ] Accelerated | [ ]  Slowed | [ ]  Peculiar | [ ]  Restless | [ ]  Agitated |
| **Behavior:** | [ ]  WNL | [ ]  Cooperative | [ ]  Uncooperative | [ ]  Overly Compliant | [ ]  Withdrawn | [ ]  Sleepy  |
|  | [ ]  Silly | [ ]  Avoidant/Guarded/ Suspicious | [ ]  Nervous/ Anxious | [ ]  Preoccupied | [ ]  Restless  | [ ]  Demanding |
|  | [ ]  Controlling | [ ]  Unable to perceive pleasure | [ ]  Provocative | [ ]  Hyperactive | [ ]  Impulsive | [ ]  Agitated |
|  | [ ]  Angry | [ ]  Assaultive | [ ]  Aggressive | [ ]  Compulsive [ ]  Relaxed |
| **Speech:** | [ ]  WNL | [ ]  Mute  | [ ]  Over-talkative | [ ]  Slowed | [ ]  Slurred | [ ]  Stammering |
|  | [ ]  Rapid | [ ]  Pressured | [ ]  Loud | [ ]  Soft | [ ]  Clear | [ ]  Repetitive |
| **Emotional State-Mood (in person’s words):** | [ ]  WNL | [ ]  Not feeling anything | [ ]  Irritated | [ ]  Happy | [ ]  Angry | [ ]  Hostile |
|  | [ ]  Depressed, sad | [ ]  Anxious | [ ]  Afraid, Apprehensive |  |  |  |
| **Emotional State- Affect** | [ ]  WNL | [ ]  Constricted | [ ]  Changeable | [ ]  Inappropriate | [ ]  Flat |  |
|  | [ ]  Full | [ ]  Blunted, unvarying |  |  |  |  |
| **Facial Expression** | [ ]  WNL | [ ]  Anxiety, fear, apprehension | [ ]  Sadness, depression | [ ]  Anger, hostility, irritability |  |  |
|  | [ ]  Elated | [ ]  Expressionless | [ ]  Inappropriate | [ ]  Unvarying |  |  |
| **Perception:** | [ ]  WNL |  |  |  |  |  |
| *Hallucinations-* | [ ]  Tactile | [ ]  Auditory | [ ]  Visual | [ ]  Olfactory | [ ]  Command **\*\*** |
| **Thought Content:** | [ ]  WNL |  |  |  |  |  |
| *Delusions-* | [ ]  None Reported | [ ]  Grandiose | [ ] Persecutory | [ ]  Somatic | [ ]  Illogical | [ ]  Chaotic |
|  | [ ]  Religious |  |  |  |  |  |
| *Other Content-* | [ ]  Preoccupied | [ ]  Obsessional | [ ]  Guarded | [ ]  Phobic | [ ]  Suspicious | [ ]  Guilty |
|  | [ ]  Thought broadcasting | [ ]  Thought insertion | [ ]  Ideas of reference |  |  |  |
| **Thought Process:** | [ ]  WNL | [ ]  Incoherent | [ ]  Decreased thought flow | [ ]  Blocked  | [ ]  Flight of ideas |  |
|  | [ ]  Loose | [ ]  Racing | [ ]  Chaotic | [ ]  Concrete  | [ ]  Tangential |  |
| **Intellectual Functioning:** | [ ]  WNL | [ ]  Lessened fund of common knowledge  | [ ]  Impaired concentration | [ ]  Impaired calculation ability |  |  |
| *Intelligence Estimate -* | [ ]  Develop. Disabled | [ ]  Borderline | [ ]  Average | [ ]  Above average  | [ ]  No formal testing |  |
| **Orientation**:  | [ ]  WNL | **Disoriented to**: | [ ]  Time | [ ]  Place | [ ]  Person |  |
| **Memory**:  | [ ]  WNL | **Impaired:**  | [ ]  Immediate recall  | [ ]  Recent memory  | [ ]  Remote memory | [ ]  Short Attention Span |
| **Insight**:  | [ ]  WNL  | [ ]  Difficulty acknowledging presence of psychological problems  | [ ]  Mostly blames other for problems  | [ ]  Thinks he/she has no problems |
| **Judgment**: | [ ]  WNL  | **Impaired Ability to Make** **Reasonable Decisions**:  | [ ]  Mild  | [ ]  Moderate  | [ ]  Severe\*\*  |
| **Past Attempts to Harm Self or Others:**  | [ ]  None Reported  |  [ ]  Self\*\*  | [ ]  Others\*\*  |  |  |  |
| **Self Abuse Thoughts:** | [ ]  None reported  | [ ]  Cutting\*\*  | [ ]  Burning\*\*  | [ ]  Other:       |
| **Suicidal Thoughts:** | [ ]  None reported  | [ ]  Passive SI\*\*  | [ ]  Intent\*\*  | [ ]  Plan\*\*  | [ ]  Means\*\*  |  |
| **Aggressive Thoughts:** | [ ]  None reported  | [ ]  Intent\*\*  | [ ]  Plan\*\*  | [ ]  Means\*\* |  |  |

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| **Comments:** |       |

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| Person’s Name (First MI Last):       | Record #:       |
| **Person’s Served Strengths/Abilities/Resiliency** (Skills, talents, interests, aspirations, protective factors)  |

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| **Personal Qualities:** (Examples: open, friendly, engaging, motivated, loyal, resourceful, caring, thoughtful)  |       |

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| **Living Situation:** (Examples: has maintained long-term stable housing, gets along with living companions) |  |

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| **Financial/Employment/Education:** (Examples: graduated HS, attended college, currently working, hx of working, multiple work skills) |  |

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| **Health:** (Examples: consistent good health, exercises regularly, self cares for health issues as directed by physician, eats nutritional foods) |  |

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| **Leisure/Recreational/Community Involvement:** (Examples: plays a sport, belongs to social group, attends gym, volunteers for Red Cross) |  |

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| **Natural Supports:** (Examples: Family members, clergy, close friends, neighbors, advisors) |  |

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| **Spirituality/Culture/Religion:** (Examples: enjoys religious services, participates in cultural events, meet regularly with rabbi) |  |

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| Assessed Needs Checklist Including Functional Domains |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Activities of Daily Living****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  | **CN** | **PD** |  |
| [ ]  | [ ]  | **Housekeeping/Laundry** | [ ]  | [ ]  | **Money Management** | [ ]  | [ ]  | **Transportation** |
| [ ]  | [ ]  | **Housing Stability** | [ ]  | [ ]  | **Personal Care Skills (includes Grooming/ Dress)** | [ ]  | [ ]  | **Problem Solving Skills** |
| [ ]  | [ ]  | **Grocery Shopping/ Food Preparation** | [ ]  | [ ]  | **Exercise** | [ ]  | [ ]  | **Time Management** |
| [ ]  | [ ]  | **Medication Management** | [ ]  | [ ]  | **Safety/Self Preservation** |
| [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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| Person’s Name (First MI Last):       | Record #:       |

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|  |  |  |  | **Family and Social Supports****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  | **CN** | **PD** |  |
| [ ]  | [ ]  | **Communication Skill** | [ ]  | [ ]  | **Family Education (Directed at the exclusive well being of the person served)** | [ ]  | [ ]  | **Peer/ Personal Support Network** |
| [ ]  | [ ]  | **Community Integration** | [ ]  | [ ]  | **Family Relationships** | [ ]  | [ ]  | **Social/ Interpersonal Skills** |
| [ ]  | [ ]  | **Caretaker Obligation Issues** | [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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|  |  |  |  | **Legal****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  |  |  |  |
| [ ]  | [ ]  | **Legal Issues** | [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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|  |  |  |  | **Employment/ Education/ Finances****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  | **CN** | **PD** |  |
| [ ]  | [ ]  | **Education** | [ ]  | [ ]  | **Employment/ Volunteer Activities**  | [ ]  | [ ]  | **Meaningful Activities** |
| [ ]  | [ ]  | **Financial/Benefits** (include VA benefits) | [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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|  |  |  |  | **Addictive Behavior and Substance Use** **CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  |  |  |  |
| [ ]  | [ ]  | **Substance Use/ Addiction** (Tobacco, illicit & licit drugs) | [ ]  | [ ]  | **Other Addictive Behaviors** (food, gambling, exercise, sex etc.) |
| **Current Needs Selected Above as Evidenced By:**       |

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| Person’s Name (First MI Last):       | Record #:       |

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|  |  |  |  | **Mental Health/ Illness Management-Behavior Management****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  | **CN** | **PD** |  |
| [ ]  | [ ]  | **Anxiety** | [ ]  | [ ]  | **Dissociation** | [ ]  | [ ]  | **Lack of Assertiveness** |
| [ ]  | [ ]  | **Anger/ Aggression** | [ ]  | [ ]  | **Disturbed Reality** (Hallucinations) | [ ]  | [ ]  | **Mood Swings** |
| [ ]  | [ ]  | **Antisocial Behaviors** | [ ]  | [ ]  | **Disturbed Reality** (Delusions) | [ ]  | [ ]  | **Obsessions** |
| [ ]  | [ ]  | **Coping/ Symptom Management** | [ ]  | [ ]  | **Gender Identity** | [ ]  | [ ]  | **Oppositional Behaviors** |
| [ ]  | [ ]  | **Cognitive Problems** | [ ]  | [ ]  | **Grief/Bereavement** | [ ]  | [ ]  | **Somatic Problems** |
| [ ]  | [ ]  | **Compulsive Behavior** | [ ]  | [ ]  | **Hyperactivity/Hypomania** | [ ]  | [ ]  | **Stress Management** |
| [ ]  | [ ]  | **Depression/Sadness** | [ ]  | [ ]  | **Impulsivity** | [ ]  | [ ]  | **Trauma** |
| [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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|  |  |  |  | **Physical Health****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  | **CN** | **PD** |  |
| [ ]  | [ ]  | **Health Practices** | [ ]  | [ ]  | **Pain Management** | [ ]  | [ ]  | **Sleep Problems** |
| [ ]  | [ ]  | **Diet/Nutrition** | [ ]  | [ ]  | **Sexual Health Issues** |
| [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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|  |  |  |  | **Risk****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  | **CN** | **PD** |  | **CN** | **PD** |  |
| [ ]  | [ ]  | **High Risk Behaviors** | [ ]  | [ ]  | **Suicidal Ideation** | [ ]  | [ ]  | **Homicidal Ideation** |
| [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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| Person’s Name (First MI Last):       | Record #:       |

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|  |  |  |  | **Other Need Areas****CN = Current Need Area****PD = Person Desires Change Now** |  |  |  |
| **CN** | **PD** |  |  |  |  |  |
| [ ]  | [ ]  | **Other:**       |
| [ ]  | [ ]  | **Other:**       |
| **Current Needs Selected Above as Evidenced By:**       |

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| --- |
| Clinical Formulation – Interpretive Summary |
| **This Clinical Formulation is Based Upon Information Provided By** (Check all that apply): |
| [ ]  Person Served | [ ]  Parent(s) | [ ]  Guardian(s) | [ ]  Family/Friend(s) [ ]  Physician [ ]  Records  |
| [ ]  Law Enforcement | [ ]  Service Provider | [ ]  School Personnel | [ ]  Other:  |
| **Interpretive Summary:** What in your clinical judgment are the need areas, the factors that led to the needs, and your plan to address them?        |

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| **Further Evaluations Needed:**[ ]  None Indicated [ ]  Psychiatric [ ]  Psychological [ ]  Neurological [ ]  Medical [ ]  Educational [ ]  Vocational [ ]  Visual [ ]  Auditory [ ]  Nutritional [ ]  SU Assessment [ ]  Other:      |

|  |
| --- |
| **Was Outcomes tool administered?** **[ ]  Yes** **[ ]  No If Yes, specify:**       |

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| **Diagnosis: [ ]**  DSM-IV Codes **[ ]**  DSM 5 Codes [ ]  ICD-9 Codes [ ]  ICD-10 Codes |
| **Check Primary/Billing Diagnosis**  | **Code** | **Narrative Description**  |
| [ ]  |       |       |
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| Person’s Name (First MI Last):       | Record #:       |

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| **Prioritized Assessed Needs:**AC-Active, PD-Person Declined, DF-Deferred, RE-Referred Out (If declined/deferred/referred out, please provide rationale) | **AC** | **PD\*** | **DF\*** | **RE\*** |
| **1.**  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **2.**  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **3.**  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **4.**  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **5.**  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **6.**  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Person Does Not Want A Need Area Included In The IAP Or The Area Is Deferred/Referred Out Rationale(s)**(Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred/Referred Out below)**.**[ ]  **None** |
| **1.**       |
| **2.**       |
| **3.**       |
| **4.**       |
| **5.**       |

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| Person’s Service Preferences, Level of Care/Indicated Services Recommendation:       |

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| Person Served/Guardian/Family Response To Recommendations:       |

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| **Person’s Signature** (Optional, if clinically appropriate) | **Date:** | **Parent/Guardian Signature** (If appropriate): | **Date:** |
| **Clinician/Provider - Print Name/Credential:** | **Date:** | **Supervisor - Print Name/Credential** (if needed): | **Date:** |
| **Clinician/Provider Signature:** | **Date:** | **Supervisor Signature** (if needed): | **Date:** |
| **Psychiatrist/MD/DO** (If required): | **Date:** | **Next Appointment:****Date:** **Time****:** [ ]  **am** [ ]  **pm** |