# **Diagnostic Evaluation for Adults**

# Client Birthdate and Age at Time of the Assessment

# Persons and Resources Utilized in the Assessment

# Presenting Problem

# Onset of Symptoms

# Family and Support Network

# Previous Attempts to Solve Problems

* + Client Reports No Previous Attempts to Solve Problems
	+ Individual Therapy
	+ Family Therapy
	+ Group Therapy
	+ Couples Therapy
	+ Medication Therapy
	+ Abuse Treatment
	+ Self Help Groups
	+ Partial Hospitalization
	+ Psychiatric Hospitalization
	+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Desired Results of Treatment

# Readiness for Change

## The following have expressed an interest in making changes to solve the problem:

* + Client reports a readiness to make changes
	+ Partner or Caregiver reports a readiness to make changes
	+ No one in the system has expressed a readiness for change

# Risk Assessment

## Does the client present with any of the following risk factors for harm to self or others?  \_ no   \_ yes. If yes, a safety plan should be included in the treatment plan.

* + Suicidal ideation
	+ Suicidal ideation       \_with plan    \_ with intent
	+ Previous suicide attempts
	+ Thoughts of harming others
	+ Thoughts of harming others \_with plan   \_with intent
	+ Previous aggressive acts toward others
	+ Episodes of intoxication
	+ Episodes of impulsive behavior
	+ Fire setting
	+ Psychotic behavior or delusional
	+ Sexual offending behavior
	+ Coping with significant loss (job, relationship)
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Safety Plan

# Functional Status

## Appearance, hygiene, and self-care

## Behavior disturbances

## Sleep, appetite, and activity level

## Ability to meet role expectations

## Cognition and thought processes

# Bio-psycho-social: stresses verses strengths and supports

## Family of origin

## Family history of psychological problems and chemical dependency

## Relational bonds

## Addictive behaviors

## Trauma and abuse

## Sexuality- including, identity, orientation, life cycle concerns such as puberty, reproduction, and menopause.

## Health and Medical

## Medications- past and current, including purpose, compliance and any known allergies.

##

## Vocational and educational experience

## Legal

## Financial

## Culture and ethnicity

## Religion and spirituality

## Social supports

## Leisure skills and interests

## Language and communication

# Community and Neighborhood

## The client experiences his or her community or living arrangement as:

* stable
* distressed
* threatening

# Environmental Factors for Home Based Services

* Dog(s) in the home
* Cat(s) in the home
* Bird(s) in the home
* Cigarette use in the home
* Gun(s) or other weapons in the home
* Illegal activities in the home
* Recent domestic violence
* No identified risks

# Diagnosis

# SMI Determination Criteria

## The client must be 18 years of age or over, have a significant mental disorder, be disabled in two or more life domains, and have a duration of the disorder for two years or a marked disability and the illness is expected to continue for a two-year period.

* Client is 18 years of age or over
* Client has a significant disorder of thought, mood, perception, orientation, memory or behavior
* Client is diagnosed with schizophrenia spectrum or other psychotic disorder
* Client is diagnosed with a bipolar related disorder
* Client is diagnosed with a depressive disorder
* Client is diagnosed with a trauma or stress related disorder
* Client is functionally disabled in social roles
* Client is functionally disabled in interpersonal relationships
* Client is functionally disabled in daily living and personal care
* Client is functionally disabled in physical health, nutrition, strength, abilities/disabilities and illness / injuries
* Client is functionally disabled in cognitive and intellectual abilities
* And symptoms have been continuous for the past 2 years, or the individual has been hospitalized more than once in the past 2 years or there is a history of one or more episodes with marked disability and the illness is expected to continue for 2-year period of time.

## Does the client meet the requirements for a Severe Mental Illness (SMI)?

* yes
* no

# Service Intensity Assessment: LOCUS

I. Risk of Harm:  score of 1 to 5

II. Functional Status: score of 1 to 5

III. Medical Addictive Psychiatric and Co-Morbidity: score 1 to 5

IV. Recovery Environment: Environmental Stress: score 1 to 5

IV. Recovery Environment: Support: score 1 to 5

V Treatment and Recovery History: score 1 to 5

VI Engagement and Recovery Status: score 1 to 5

Composite Assessment Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Service Level with description

Select one

* Level 0 (0-9) Prevention and Health Maintenance-Nonclinical community services
* Level 1 (10-13) Recovery and Health Maintenance- Brief therapy, medication, and community resources
* Level 2 (14-16) Low Intensity Community Based Services-Traditional 1 x week outpatient therapy
* Level 3 (17-19) High Intensity Community Based Services-Therapy 2 to 3 times per week with up to three hours per visit.  Includes multiple community services requiring coordination. Case management is an option
* Level 4 (20-22) Medically Monitored Non-residential Based Services Wraparound with formal supports such as CSA. May include partial, day treatment, case management is required.
* Level 5 (23-27) Medically Monitored Residential Based Services-Residential, group home, and/or a tight knit wrap around team.
* Level 6 (28+) Medically Managed Residential Services-Inpatient, or highly structured residential, or wrap-around if safety needs are met.  Case management is essential

## Do clinical recommendations differ from the assessment recommended level of care?

* No
* Yes, for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Other Assessment Tools: Click here [for DSM tools](https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures) and [PHQ-9](http://www.transformationsllc.net/wp-content/uploads/2019/01/PHQ-Questions.pdf)

# Summary and Treatment Plan Recommendations

# Client Response to the Treatment Recommendations

## The client and any participating legal guardian is encouraged to collaborate in the development of the treatment plan.

* The client: \_\_ agreed to \_\_\_ did not agree to the treatment recommendations.
* The guardian: \_ agreed to   \_did not agree to the treatment recommendations