# **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       \_with plan    \_ with intent

☐Previous suicide attempts

Thoughts of harming others

Thoughts of harming others \_with plan   \_with intent

Previous aggressive acts toward others

Self- mutilation or self-harm

Sexual identity concerns

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

# Telehealth Video Conferencing Assessment

### Telehealth, without regularly scheduled in-person sessions, are not appropriate for the client who experiences reoccurring crises or emergencies; is suicidal or likely to become suicidal, is violent or likely to become violent, or otherwise poses a risk to self or others.

The client meets criteria and is eligible for telehealth video conferencing services

Due to risk factors the client is eligible for telehealth only as an addendum and support to regular in person sessions and should not replace in person therapy.

A crisis plan that includes in-person resources for emergencies at the client’s location shall be added to the treatment plan.

Due to risk factors the client is not recommended for telehealth services.

The client has access to technology and the skills to benefit from telehealth services.

The client does not have access to technology or the skills to benefit from telehealth services.

# 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

# [LOCUS assessment tool](https://www.transformationsllc.net/wp-content/uploads/2012/06/locus-assessment-tool-with-grid.docx)

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  \_\_\_ did not agree to the treatment recommendations.

The guardian: \_ agreed   \_did not agree to the treatment recommendations

There is no legal guardian