# **Diagnostic Evaluation for Adults**

# Client Birthdate and Age at Time of the Assessment

# Persons and Resources Utilized in the Assessment

# Client showed a Valid Photo Identification (required)

# 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