



**City and County of San Francisco**  
**Department of Public Health**  
 COMMUNITY BEHAVIORAL HEALTH SERVICES

**ADULT/OLDER ADULT CLOSING SUMMARY**

Name:

BIS #:

RU #:

Opening date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Last date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**1. CLOSING SUMMARY**

Provide description of treatment episodes or services including:

1. Summary of treatment (including interventions, responses/ treatment progress toward goals, and other clinically relevant information)
2. Discharge plans, including reason for discharge, condition on discharge and referrals.

In addition, rate client on ANSA items.


**2. CURRENT NEEDS AND FUNCTIONAL STATUS**

**2A. Behavioral Health Needs**

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent, 2=causing problems consistent with diagnosable disorder, 3=causing severe problems

Psychosis	ND	0	1	2	3		Anger control	ND	0	1	2	3
Depression	ND	0	1	2	3		Antisocial behavior	ND	0	1	2	3
Anxiety	ND	0	1	2	3		Sleep disturbance	ND	0	1	2	3
Adjustment to trauma	ND	0	1	2	3		Interpersonal problems	ND	0	1	2	3
Impulse control	ND	0	1	2	3		Mania	ND	0	1	2	3
Eating disturbance	ND	0	1	2	3							



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**2B. Life Domain Functioning**

NA=not applicable, ND=no data, 0=no evidence, 1=history, mild 2=moderate, 3=severe problem in area

Physical/Medical	ND	0	1	2	3		Self-care	ND	0	1	2	3	
Family functioning	ND	0	1	2	3		Social functioning	ND	0	1	2	3	
Sexuality	ND	0	1	2	3		Residential stability	ND	0	1	2	3	
Living skills	ND	0	1	2	3		Employment	NA	ND	0	1	2	3
Legal	ND	0	1	2	3								

**3. DANGER TO SELF/OTHERS**

<b>Danger to self</b>	None (0)	History but no recent intent, ideation or feasible plan (1)	Recent ideation, intention, plan that is feasible and/or history of a potentially lethal attempt (2)	Current ideation or command hallucinations re self-harm, current intent, plan that is immediately accessible and feasible, and or history of multiple potentially lethal attempts (3)
<b>Danger to others</b>	None (0)	History but no recent gesture or ideation (1)	Recent homicidal ideation, physically harmful aggression or dangerous fire setting, but not in past 24 hours. Has plan to harm others that is feasible (2)	Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving harm of others. Or intentionally set fire that placed others at significant risk of harm (3)

**3A. Resiliency factors regarding danger to self/other (complete only if 2 or 3 rating given on Danger Self or Others item above)**

ND=no data, 0=Significant resiliency factor present 1=Moderate level of resiliency factor present, 2=Mild level of resiliency factor present 3=Resiliency factor not present

Aware of violence potential	ND	0	1	2	3		Response to consequences	ND	0	1	2	3
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**3B. Risk Behaviors**

ND=no data, 0=no evidence, 1=history, mild, 2=moderate, 3=severe

Self-injurious behavior	ND	0	1	2	3		Sexual risk	ND	0	1	2	3
Grave disability	ND	0	1	2	3		Criminal behavior	ND	0	1	2	3

**4. SUBSTANCE USE**

**4A. Substance Abuse problem rating**

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent  
 2=causing problems consistent with diagnosable disorder,  
 3=causing severe problems

Substance use	ND	0	1	2	3
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**4B. Substance use module (complete only if 1, 2, or 3 SA problem rating)**

ND=no data, 0=no evidence,  
 1=history / sub-threshold, watch/prevent,  
 2=causing problems consistent with diagnosable disorder, 3=causing severe problems

Severity of use	ND	0	1	2	3
Stage of recovery	ND	0	1	2	3
Environmental influences	ND	0	1	2	3



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5. CURRENTLY LINKED TO PRIMARY CARE PROVIDER?  No  Yes

Primary care home/clinic: \_\_\_\_\_ Primary care physician: \_\_\_\_\_

**6. MEDICATIONS**

Last MD medication orders/Date/Name of prescribing MD


6A. Medication Compliance NA=not applicable, client not on meds, ND=no data, 0=no problem, 1=inconsistent use/reminders needed, 2=somewhat non-adherent, 3=refusal/abuse of meds

Medication compliance	NA	ND	0	1	2	3
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**7. ACCULTURATION**

ND=no data, 0=no evidence, 1=minimal needs, 2=moderate needs, 3=severe needs

Language	ND	0	1	2	3		Cultural stress	ND	0	1	2	3
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**8. CLIENT STRENGTHS**

ND=no data, 0=readily available, 1=useful, 2=identified, but not readily available, 3=not yet available

Family	ND	0	1	2	3		Educational	ND	0	1	2	3
Social connectedness	ND	0	1	2	3		Spiritual/religious	ND	0	1	2	3
Optimism/Hopefulness	ND	0	1	2	3		Community connection	ND	0	1	2	3
Resourcefulness	ND	0	1	2	3		Volunteering	ND	0	1	2	3
Involvement in Recovery/ Motivation for treatment	ND	0	1	2	3							



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**9. DSM IV DIAGNOSIS (Use last diagnosis)**

Axis	Code	Description	Check if principal
Axis I: Clinical disorders (include Substance Abuse Dx)			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Axis II: Personality & Developmental disorders			<input type="checkbox"/>
			<input type="checkbox"/>
Axis III: Physical disorders			
Axis IV: Psychosocial & Environmental Problems (1-9)			
Axis V: GAF (0-100)			

Diagnosis made by Interviewer?  Yes  No Specify other LPHA and date diagnosis made: \_\_\_\_\_

**10. SIGNATURES:**

Staff Name (print): \_\_\_\_\_

\_\_\_\_\_  
 Clinician/Staff signature (if not LPHA, must have a LPHA co-signer):

\_\_\_\_\_  
 LPHA Signature