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

ADULT/OLDER ADULT ASSESSMENT

Name:

BIS #:

RU #:

Date of assessment: __ __/ __ __/ __ __

1. PRESENTING PROBLEM

(include identifying info, criteria to justify DSM dx including symptoms, behavior, functional impairments, duration, frequency, and severity, impact on life/behavior leading to individual or family member requesting services. Indicate client's chief goal and cultural explanation of illness in client's own words.)

1A. 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						

1B. Life Domain Functioning

NA=not applicable (employment only), 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							

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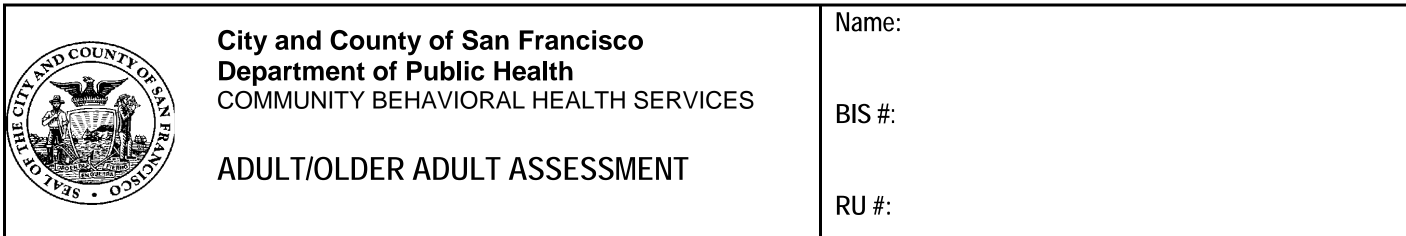

2. DANGER TO SELF/OTHERS (circle appropriate rating)

Danger to self	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)
Danger to others	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)

2A. Resiliency factors regarding danger to self/others (complete only if 2 or 3 rating given on Danger Self or Other 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

2B. 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

2C. Risk Assessment

(Elaboration of ALL risk factors, note frustration tolerance, hostility, paranoia, violent thinking, and gambling risk behaviors. Also include factors that might lessen risk, such as client's commitment to self-control and involvement in treatment)

3. PSYCHIATRIC HISTORY OF CLIENT AND FAMILY

(Current/past conditions, treatment history, level of treatment, family history. Include all mental health services, hospitalizations, residential and day treatment, crisis services, case management, and psychological assessment. Describe most effective treatment and problems with treatment. Include dates, duration, precipitant, and provider contact if known)

3A.__________Number of inpatient hospitalizations/IMD stays in past year

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4. SUBSTANCE USE

4A. CAGE Substance Abuse Screener		
Have you felt you should cut down or stop [drinking/using substance]?	No	Yes
Has anyone annoyed you or gotten on your nerves by telling you to cut down or stop [drinking/using substance]?	No	Yes
Have you felt guilty or bad about how much you [drink /use substance]?	No	Yes
Have you been waking up wanting to [drink /use substance]?	No	Yes
	Any "yes" answer may indicate a problem	

4B. 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

4C. Substance use module (complete only if 1, 2, or 3 SA problem rating, or yes answer on CAGE)	NA=not applicable, 0=no evidence, 1=history / sub-threshold, watch/prevent, 2=causing problems consistent with diagnosable disorder, 3=causing severe problems				
Severity of use	NA	0	1	2	3
Stage of recovery	NA	0	1	2	3
Environmental influences	NA	0	1	2	3

4D. Indicate substances used, if applicable:

❑ Alcohol ❑ Marijuana ❑ Cocaine/Crack ❑Amphetamines ❑ Benzodiazepines ❑ Opiates
❑ Prescription Drugs ❑ Caffeine ❑ Tobacco/Nicotine ❑ Inhalants ❑ Other ______________________

Date of last use:_____________________ Longest period sober:___________________

4E. Substance use history narrative (indicate current/past amount consumed, frequency, duration, treatment received, family history)

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5. MEDICAL HISTORY (Include past/current illness & medical conditions)

Primary physician name: Phone number:

6. MEDICATIONS

Include all current medications, name of prescriber and known allergies (per client report).
Include previous medications and OTC medications if relevant. Also note medication compliance issues

Psychotropic:	
Non-Psychotropic:	

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

7. MENTAL STATUS: A) Attitude, B) Appearance, C) Movement, D) Speech, E) Affect F) Mood, G) Thought process/Content, H) Insight/Judgment, I) Memory and Orientation, J)S/H ideation, K) Intelligence, L)Hallucinations/Illusions

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8. PSYCHOSOCIAL & FAMILY HISTORY

8A. 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

9. CLIENT STRENGTHS

ND=no data, 0=Significant strength present, 1=Moderate level of strength present, 2=mild level of strength present, 3=Strength not present

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						

9A. Describe Client Strengths

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10. DSM IV DIAGNOSIS

Axis	Code	Description	Check if principal
Axis I: Clinical disorders (include Substance Abuse Dx)			☐
			☐
			☐
Axis II: Personality & Developmental disorders			☐
			☐
Axis III: Physical disorders			
Axis IV: Psychosocial & Environmental Problems (1-9)			
Axis V: GAF (0-100)			

11. CLINICAL IMPRESSION, RECOMMENDATION, DISPOSITION

(including medical necessity; hypothetical reasons/context for presenting problem, disposition):

Diagnosis made by Interviewer? ❑Yes ❑No Specify other LPHA and date diagnosis made:______________________________________

12. SIGNATURES:

Staff Name (print):_____________________________________

____ Date:_________
Clinician/Staff signature (if not LPHA, must have a LPHA co-signer):

______________________________ Date:__________
LPHA Signature

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