Session Information

Client:	Ztest, Client (1615)
Staff:	Keller, Dianne (342)
Document Date:	3/4/2016
Client Program:	(Not Set)

Focus of Treatment

First Name: Client

Last Name: Ztest

DOB: 1/1/1985

Life domain(s) focuses of treatment:

☐ Activities of Daily Living ☐ Social Supports ☐ Leisure / Recreation
☐ Financial ☐ Health ☐ Vocational / Educational
☐ Spirituality

Problem 1 identified in requesting services/ interventions:

Problem 2 identified in requesting services/ interventions:

Tools and talents identified that will be helpful in achieving goal(s):

Is Hope + Readiness = Action attached?
○ Yes
○ No

Familial and Natural Supports

Identified familial and natural support strengths that may be used to make progress toward goal:

(family harmony, culture/ethnicity, rituals, routines, socioeconomics and positive skills, lessons learned, and positive support people)

Environmental and interpersonal stressors/ trauma:

Environmental and interpersonal stressors/trauma that may impact progress towards goals or contribute to the DSM diagnosis

If risk identified, please describe:

Recommendations and referrals:

Accepted?

○ Yes
○ No

Legal Factors

Legal factors: Legal factors that may impact ability to make progress towards goal or contribute

to DSM diagnosis

Recommendations and referrals:

Accepted? ○ Yes ○ No

Educational / Vocational Factors

Educational/vocational factors: Educational/vocational factors that may impact progress towards goals or contribute to the DSM diagnosis

Recommendations and referrals:

Accepted? ○ Yes ○ No

Current Mental Status Assessment

Concentration:	☐ Appropriate Intact	☐ Erratic	☐ Impaired
	☐ Limited Recall		
Affect:	☐ Age/Culture Appropriate	☐ Labile	☐ Expansive
	☐ Constricted	☐ Blunted	
Mood:	☐ Age/Culture Appropriate	☐ Anxious	☐ Irritable
	☐ Depressed	☐ Euphoric	☐ Angry/Hostile
Appearance:	☐ Well-groomed	☐ Bizarre	☐ Fair
	☐ Disheveled	☐ Inappropriate	
Motor Activity:	☐ Calm	☐ Agitated	☐ Tics
	☐ Hyperactive	☐ Tremors	☐ Muscle Spasms
Speech form and content:	☐ Normal	☐ Slurred	☐ Rapid
	☐ Slow	☐ Pressured	
Hallucinations:	☐ None	☐ Visual	☐ Compound
	☐ Auditory	☐ Olfactory	
Delusions:	☐ None	☐ Grandiose	☐ Other
	☐ Persecutory	☐ Religious	
Memory:	☐ Intact	☐ Impaired - Recent	☐ Impaired - Remote
	☐ Impaired - Immediate		
Judgment:	☐ Good	☐ Fair	☐ Poor
Insight:	☐ Good	☐ Limited	☐ None
Orientation:	☐ Oriented x4	☐ Impaired	☐ Person

	☐ Place	☐ Time	☐ Context
Suicidal*:	☐ None	☐ Plan	☐ Means
	☐ Ideation	☐ Intent	
Homicidal*:	☐ None	☐ Plan	☐ Means
	☐ Ideation	☐ Intent	
Self Injury:	☐ None	☐ Plan	☐ Means
	☐ Ideation	☐ Intent	☐ Hx
Verbal Aggression:	☐ None	☐ Plan	☐ Means
	☐ Threat	☐ Identified Target	☐ Hx
Physical Aggression:	☐ None	☐ Plan	☐ Means
	☐ Threat	☐ Identified Target	☐ Hx

Other:

If risk identified, please describe:

Recommendations and referrals:

Accepted? ○ Yes ○ No

Symptoms Experienced or Observed Leading to DSM Diagnosis

Symptom Experienced and Intensity:

Frequency:

Onset:

--

Symptom Experienced and Intensity:

Frequency:

Onset:

--

Symptom Experienced and Intensity:

Frequency:

Onset:

--

Symptom Experienced and Intensity:

Frequency:

Onset:

--

Symptom Experienced and Intensity:

Frequency:

Onset:

--

Symptom Experienced and Intensity:

Frequency:

Onset:

--

See Current Mental Status for additional symptoms

Psychiatric Hospitalizations:

Health History

Present health concerns:

Health care goals:

When did you last see a doctor?

When did you last see a dentist?

When was your last eye exam?

When did you last visit Urgent Care or the ER?

Include OTC or prescription medications

Are there any medications you are taking that we don't know about?

Do you have any medication allergies?

Personal Medical History

Do you have any of the following problems?

- ☐ Acid reflux (heartburn)
- ☐ Alcoholism / other addiction
- ☐ Allergies (environmental)
- ☐ Anxiety
- ☐ Asthma
- ☐ Atrial fibrillation
- ☐ COPD
- ☐ Cancer
- ☐ Cholesterol problem
- ☐ Chronic low back pain
- ☐ Coagulation (bleeding or clotting) problem
- ☐ Depression
- ☐ Diabetes mellitus
- ☐ Heart disease
- ☐ Hepatitis
- ☐ Hypertension (high blood pressure)
- ☐ Irritable bowel syndrome
- ☐ Kidney disease
- ☐ Migraines
- ☐ Osteopenia or Osteoporosis
- ☐ Thyroid problem

Details of above or other problems:

Have you ever had any of the following problems?

- ☐ Cancer
- ☐ Stroke (CVA)
- ☐ Seizure
- ☐ Heart attack
- ☐ Blood transfusion

Describe:

Surgical history (list all prior operations and dates):

Hospitalizations (other than surgery):

Health Maintenance Screening Tests

Lipid test date:

Lipid adnormal?
- ○ Yes
- ○ No

Sigmoidoscopy test date:

Sigmoidoscopy polyp?
- ○ Yes
- ○ No

Colonoscopy date:

Colonoscopy polyp?
- ○ Yes
- ○ No

Prostate exam date:

Prostate exam abnormal?
- ○ Yes
- ○ No

Mammogram date:

Mammogram abnormal?
- ○ Yes
- ○ No

Pap smear date:

Pap smear abnormal? ○ Yes ○ No

Bone density test date:

Bone density abnormal? ○ Yes ○ No

Women's Health History

Total # of pregnancies:

 # births:

 # abortions:

 # miscarriages:

First day of most recent period:

Age at first period:

Frequency of periods:

Length of each:

Any concerns about periods?

If you have stopped have periods, when did you reach menopause?

Any concerns about menopause?

Immunizations

List of immunizations, with best estimate of the month and year for each.

Hepatitis A:

Hepatitis B:

HPV:

Tetanus (Td):

Tetanus (TdaP):

Measles:

Mumps:

Rubella:

MMR:

Meningitis:

Shingles:

Varicella (chicken pox):

Pneumovax (Pneumonia):

Other immunizations:

Family History

Alcoholism: ☐ Parent ☐ Child ☐ Other close relative ☐ Sibling

Anemia:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Anesthesia problem:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Arthritis:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Asthma:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Birth Defects:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Bleeding Problem:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Breast cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Colon cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Melanoma cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Other skin cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Ovarian cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Prostate cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Other cancer:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Colon polyps:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Diabetes Type 1 (child):	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Diabetes Type 2 (adult):	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Eczema:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Epilepsy (seizures):	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Genetic diseases:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Glaucoma:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Hay fever (allergies):	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Hearing problems:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Heart attack (CAD):	☐ Parent	☐ Sibling	☐ Child

	☐ Other close relative		
High blood pressure:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
High cholesterol:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Kidney diseases:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Lupus (SLE):	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Mental retardation:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Migraine headaches:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Mitral valve prolapse:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Osteoarthritis:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Osteoporosis:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Rheumatoid arthritis:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Stroke (CVA):	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Thyroid disorders:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Tuberculosis:	☐ Parent	☐ Child	☐ Other close relative
	☐ Sibling		
Other:			

Social History

Tobacco use:	☐ I have never smoked	☐ I have quit smoking	☐ I use other tobacco
	☐ I have smoked, but rarely	☐ I currently smoke cigarettes	
When was the last time you smoked?			
Quit date:			
How many packs per day, for how many years?			
Other tobacco :	☐ Pipe	☐ Snuff	☐ Chew
	☐ Cigar		
Are you interested in quitting?	○ Yes		
	○ No		
Do you drink alcohol?	☐ Never	☐ Occasionally	☐ Regularly
Average number of	5 oz glasses of wine, 12 oz beers, 1.5 oz shots hard liquor		

drinks/week :

Is alcohol use a concern for you or others? ○ Yes ○ No

Do you use any recreational drugs? ○ Yes ○ No

Have you ever used needles? ○ Yes ○ No

Sexuality

Sexually active: ☐ Yes ☐ No ☐ Not currently

Current sex partner(s) is/are: ☐ male ☐ female

Birth control: ☐ Yes ☐ No ☐ None needed

Method:

If sexually active, do you practice safe sex? ○ Yes ○ No

Have you ever had any sexually transmitted diseases (STDs)? ○ Yes ○ No

Type and date:

Are you interested in being screened for sexually transmitted diseases? ○ Yes ○ No

Other concerns?

Safety

Do you use seatbelts consistently? ○ Yes ○ No

If you ride a bike, do you use a bike helmet regularly? ○ Yes ○ No

Is violence at home a concern for you? ○ Yes ○ No

Are you currently in a relationship? ○ Yes ○ No

Do you feel safe in this relationship? ○ Yes ○ No

Do you have a gun in your home? ○ Yes ○ No

Other concerns?

Exercise

How active are you?
- ☐ I work out for 30 minutes 3 or more times/week
- ☐ I exercise or walk less than 3 times/week
- ☐ Other
- ☐ I walk daily but do not work out
- ☐ I am not generally active

Describe:

Personal Routine

Oral hygiene:

Shampoo/bathing:

Sleep:

What opportunity have you had for education?

Travel history:

Review of Symptoms

Please mark any current problems you have:

Breasts:
- ☐ Breast pain/lump/ discharge

Constitutional:
- ☐ Fevers/chills/sweats
- ☐ Unexplained weight loss/gain
- ☐ Fatigue/weakness
- ☐ Problems with sleep

Eyes:
- ☐ Change in vision
- ☐ Corrective lenses

Ears/Nose/Throat/Mouth:
- ☐ Difficult hearing
- ☐ Problems with teeth/ gums
- ☐ Dentures
- ☐ Ringing in ears
- ☐ Hay fever/allergies

Respiratory:
- ☐ Cough/wheeze
- ☐ Difficulty breathing

Cardiovascular:
- ☐ Chest pain/discomfort
- ☐ Leg pain with exercise
- ☐ Palpitations

Gastrointestinal:
- ☐ Abdominal pain
- ☐ Bloody/black bowel movement
- ☐ Constipation
- ☐ Heartburn
- ☐ Change in bowel habits
- ☐ Nausea/vomiting/diarrhea

Blood/Lymphatic:
- ☐ Unexplained lumps
- ☐ Easy bruising/bleeding

Genitourinary:
- ☐ Nighttime urination
- ☐ Painful or frequent urination
- ☐ Blood in urine
- ☐ Leaking urine
- ☐ Sexual function

	problems		
Musculoskeletal:	☐ Muscle/joint pain or swelling		
Neurological:	☐ Headaches	☐ Numbness	☐ Loss of coordination
	☐ Dizziness/light-headedness	☐ Memory loss	
Emotional:	☐ Anxiety/stress	☐ Depression	
Skin:	☐ Rash	☐ Itching	☐ Mole change
Endocrine:	☐ Excessive thirst or urination	☐ Heat or cold sensitivity	
Women only:	☐ Pre-menstrual symptoms (bloating, cramps, irritablity	☐ Problem with menstrual periods	☐ Hot flashes / night sweats
Prothesis:			
Other:			

Use of Drugs and Alcohol

Alcohol:	
Heroin:	
Sedatives:	
Tranquilizers:	
Amphetamines:	
Cocaine:	
Hallucinogens:	
Marijuana:	

Withdrawal Symptoms:	
Use Patterns:	

Problems Related to Substance Use and Level of Functioning

Physical:	
Cognitive:	
Tolerance:	
Felt Need:	
Interpersonal problems:	
Aggression:	
Vocational:	
Legal:	
Financial:	
Treatment and Abstinence History:	
Family Substance Abuse Assessment:	
Stage of Change	

including treatment acceptance or resistance:

Persons diagnosed with a gambling addiction, include the following:
1. Stage of change, including treatment acceptance or resistance
2. Cognitive/environmental conditions or complications
3. Relapse/Continued Use Potential

Gambling behavior:

Drug and Alcohol Assessment Summary

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes
○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes
○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes
○ No

Personal Goals and Recommendations:

Education and Employment

Current Daily Structure:

Education History:

Military History:

Employment History:

Education and Employment Summary

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes

○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes

○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes

○ No

Personal Goals and Recommendations:

Social Development and Functioning

Social and Behavioral Development: assess for the presence of physical or psychological trauma

Natural Supports: include emergency contacts and next of kin

Culture and Religious Beliefs:

Leisure Activities:

Social Skills:

Legal Involvement:

Social Development and Functioning Summary

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes

○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes

○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:

○ Yes

○ No

Personal Goals and Recommendations:

Activities of Daily Living

Living Arrangements:

Eating Habits/Food Preparation:

Grocery Shopping:

Diet and Exercise:

Grooming:

Laundry:

Money Management:

Housekeeping:

Activities of Daily Living Summary

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:
○ Yes
○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:
○ Yes
○ No

Personal Goals and Recommendations:

--

Area of need:

Stage of change:

Does the participant want help addressing a goal in this area:
○ Yes
○ No

Personal Goals and Recommendations:

Client DSM Diagnosis as of 7/1/2016 1441

Client: Ztest, Client (1615)
Effective Date/Time: 7/1/2016 1441
External Diagnosis: No
Diagnosed By:
Comments:

Diagnosis

DSM-5	ICD-10	Comments
No records found.		

The Diagnoses above display in priority order.

Psychosocial and Contextual Factors

ICD-10 Code - Description	Comments
No records found.	

Diagnostic Formulation

No records found.

Effective Date: 03/04/2016

Risk of Harm Level:

Sub-Level

Functional Status Level:

Sub-Level

Medical, Addictive, and Psychiatric Co-Morbidity:

Sub-Level

Recovery Environment Stress:

Sub-Level

Recovery Environment Support:

Sub-Level

Treatment and Recovery History:

Sub-Level

Engagement and Recovery Status:

Sub-Level

Level Total:

Composite Score:

LOCUS Recommended Level of Care:

Assessor Recommended Level of Care:

Assessment Clinical Formulation

Enrollment is medically appropriate due to behaviors, thoughts, feelings, and symptoms

impacting ability to

independently complete the following tasks needed for accomplishing goal:	
communicate or process information needed to independently accomplish the following:	
effectively manage symptoms leading to the following behaviors jeopardizing independent living:	
successfully regulate mood or emotions leading to the following behaviors:	

Prognosis for reducing impact of symptoms on functioning to a level of

demonstrating observable progress towards personal recovery goals:	(as identified in strength's inventory)

Signatures

Validation Issues:	Error: Requirements not met for Current Mental Status Assessment. Error: You must complete a Diagnosis or Psychosocial and Contextual Factor before this document can be signed. Error: You must complete a Diagnosis or Psychosocial and Contextual Factor before this document can be signed.
Electronic Signature:	The document can not be signed until the errors above are resolved.

Signature History

Action	Date	Staff
No records found		