



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

ADULT/OLDER ADULT CLOSING SUMMARY

Name:

BIS #:

RU #:

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

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)

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):

Date: _____

 LPHA Signature

Date: _____