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

ADULT/OLDER ADULT REASSESSMENT

Name:

BIS #:

RU #:

Date of reassessment: __ __ / __ __ / __ __

1. JUSTIFICATION FOR CONTINUED TREATMENT

1) Client identifying info (age, gender, why in treatment);
2) continuing symptoms and/or impairments in functioning justifying current diagnosis, medical necessity, and need for treatment;
3) client's progress in response to treatment and plan of care goals;
4) current risk factors, and
5) plan for step-down or discharge.

In addition, rate clients using 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

		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 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

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

3C. Risk Assessment (Elaboration of ALL CURRENT 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)

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4A. _____Number of inpatient hospitalizations/IMD stays during the last year

5. SUBSTANCE USE

5A. 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

5B. Substance use module (complete only if 1, 2, or 3 SA problem ratingD	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	ND	0	1	2	3
Stage of recovery	ND	0	1	2	3
Environmental influences	ND	0	1	2	3

5C. 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:_____

6. Currently Linked to Primary Care Provider? ☐ No ☐ Yes

Primary care home/clinic:_____ Primary care physician:_____

7. 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

8. 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

9. 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

10. 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						

10A. Describe Client Strengths

11. 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)			

Diagnosis made by Interviewer? ☐Yes ☐No   Specify other LPHA and date diagnosis made:_____

12. SIGNATURES:

Staff Name (print):_____

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