



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

ADULT/OLDER ADULT ASSESSMENT

Name:

BIS #:

RU #:

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
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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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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

<i>Psychotropic:</i>	
<i>Non-Psychotropic:</i>	

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. 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/Ilusions



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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
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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)			<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)			

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): _____

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

LPHA Signature Date: _____