



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.)

2. RISK ASSESSMENT:

- a) Danger to Self: Current last 90 days: Yes No Past Anytime: Yes No
- b) Danger to Others: Current last 90 days: Yes No Past Anytime: Yes No
- c) Gravely Disabled: Current last 90 days: Yes No Past Anytime: Yes No
- d) Command Hallucinations: Current last 90 days: Yes No Past Anytime: Yes No

(Elaboration of ALL Risk factors, describe ideation, plan, and/or intent, and specifics of past incidents as to when / how / what / where, assault history, If relevant, note factors such as frustration tolerance hostility, paranoia, and violent thinking. Also include factors that might lessen risk, such as client's commitment to self-control, involvement in treatment.)

2.1 CRIMINAL JUSTICE HISTORY: Current: Yes No **Past:** Yes No

If yes, describe involvement/incidents including dates, types of crimes or incidents, incidents of violence, involvement in parole/probation; and hx of incarceration, if any)



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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**

4. SUBSTANCE USE: Current: **Yes** **No** **Past:** **Yes** **No**

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:** _____

Indicate current/past amount consumed, frequency, duration, treatment received, family history:

4a. CAGE Substance Abuse Screener (Any "yes" answer may indicate a problem --see Substance Abuse Ratings in ANSA Scores)

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



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5. MEDICAL HISTORY Past/current illness & medical conditions, including allergies:

Primary Care physician name and site:

Phone number:

6. MEDICATIONS

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

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

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

8. PSYCHOSOCIAL & FAMILY HISTORY



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9. CLIENT STRENGTHS Describe client strengths and include family, social connectedness, optimism, talents and interests, educational, volunteering, spiritual and religious, community connection, natural supports, resiliency and resourcefulness.

10. DSM IV DIAGNOSIS

Axis	Code	Description	Check if principal
Axis I: Clinical disorders (incl. 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			
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: _____

SIGNATURES:

Staff Name (print): _____

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



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ANSA RATINGS

		ND	0	1	2	3
		No Data	No Evidence	Mild History, Sub-Threshold Watch	Moderate Need for action	Severe Need for immediate/intensive action
1a Behavioral Health Needs	Psychosis	ND	0	1	2	3
	Depression	ND	0	1	2	3
	Anxiety	ND	0	1	2	3
	Adjustment to trauma	ND	0	1	2	3
	Impulse control	ND	0	1	2	3
	Interpersonal problems due to personality	ND	0	1	2	3

		ND	0	1	2	3
		No Data	No Evidence	Mild History	Moderate Need for action	Severe Need for immediate/intensive action
1b Life Domain Functioning	Physical/Medical	ND	0	1	2	3
	Family functioning	ND	0	1	2	3
	Living skills	ND	0	1	2	3
	Social functioning	ND	0	1	2	3
	Residential stability	ND	0	1	2	3
	Employment	N/A	ND	0	1	2

2a	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)
	Grave disability	None (0)	History of difficulty providing for basic physical needs, or current minor difficulty but harm unlikely. (1)	Difficulty providing for basic physical needs. At risk of endangering self. (2)	Unable to provide for food, clothing and shelter to the extent that he or she has endangered him or herself and there is evidence of physical harm (3)



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ANSA RATINGS

		ND	0	1	2	3
		No Data	No Evidence	History mild	Moderate Need for action	Severe Need for immediate/intensive action
2b Risk Behaviors	Self-injurious behavior	ND	0	1	2	3
	Exploitation	ND	0	1	2	3
	Criminal behavior	ND	0	1	2	3

		ND	0	1	2	3
		No Data	No problem	Mild problem	Moderate problem	Severe problem
4c	Substance Use Rating	ND	0	1	2	3

4d Substance Use Module						
	Stage of recovery	ND	0	1	2	3
	Severity of use	ND	0	1	2	3

		NA	ND	0	1	2	3
		Not Applicable, client not on meds	No Data	No problem	Inconsistent use/reminders needed	Somewhat non-adherent	Refusal/ abuse of meds
6a	Medication Compliance	NA	ND	0	1	2	3

		ND	0	1	2	3
		No Data	No Evidence	Minimal Needs	Moderate Needs	Severe Needs
8a	Cultural stress	ND	0	1	2	3

		ND	0	1	2	3
		No Data	Significant strength present	Moderate level of strength present	Mild level of strength present	Strength not present
9a Client Strengths	Optimism / Hopefulness	ND	0	1	2	3
	Community Connection	ND	0	1	2	3
	Spiritual / Religious	ND	0	1	2	3
	Involvement in Recovery/Motivation for Treatment	ND	0	1	2	3