



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

| 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 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 |

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

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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 |
|----------|----|---|---|---|---|-----------------|----|---|---|---|---|



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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

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11. DSM IV DIAGNOSIS

| Axis | Code | Description | Check if principal |
|---|------|-------------|--------------------------|
| Axis I: Clinical disorders (include Substance Abuse Dx) | | | <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: _____

12. SIGNATURES:

Staff Name (print): _____

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

 LPHA Signature