SOCIAL ASSESSMENT MH FORM

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| --- | --- | --- |
| Assessing Clinician: | | |
| Patient Name: | | Admit Date: |
| DOB: | Age: | MRN: |
| Assessment Date: | | Assessment Time: |

# GENERAL INFORMATION



**Primary Language If the Patient is not English-Speaking, was Interpreter Used**

* Yes  No

# Preferred Oral Communication Explain

**Preferred Written Communication**

# INFORMANTS

**Informant Informant Type**

* + Client
  + Current Assessments/Evaluations

**Informant Reliability**  Law Enforcement

* Good  Fair  Poor  Family / Significant Other / LAR
  + Records from Previous Admission

**Informant Comments**  Another Provider

* + Documents from MHA
  + Other

# COURSE OF DYSFUNCTION

**Illness History:**

# Illness/History Of

* Aggression  Other Mood Disorder  Prior Psychiatric Hospital
* Alcohol Abuse  Other Thought Disorder  Schizophrenia
* Bipolar Disorder  Other  Self-Abuse
* Childhood Developmental Problems  Personality Disorder  Suicide Attempts
* Drug Abuse  Physical/Sexual/Emotional Abuse  Traumatic Experiences
* Head Injury  Prior Medical Hospitalizations  Treatment Non-Compliance
* Major Depressive Disorder  Prior Outpatient Treatment

# Patient’s Statement – In your opinion what happened to cause you to be admitted to the hospital?

**Presenting Symptoms or Stressors Related to Admission or Readmission**

* Danger to Others: Threat/Gesture/Attempt  Medical Problems/Medical Compliance
* Danger to Self: Deterioration Self Care  Nights in Jail Last 3 months
* Danger to Self: Threat/Gesture/Attempt  Nights on Streets in Last Month
* Difficulty Accessing Community Services  Other
* Divorce/Separation  Over Involved/Critical Family
* ER visits in Last 12 months  Parental or Child Care Issues
* Ethnic/Cultural/Native Language issues  Physical Abuse/Assault
* Family Violence/Conflict  Sexual Assault
* Financial Problems  Substance/Alcohol Use
* Florid Psychotic Symptoms  Transportation Issues
* Grief/Loss  Treatment Non-Compliance-Medication
* Lack of Support From Out-Patient Clinic  Treatment Non-Compliance-Outpatient Clinic
* Lack of Support-Primary Support Group  Unable to Afford/Access Prescribed Meds
* Legal Issues Other Than Arrest  Work/Employment Conflict/Job Loss
* Living Arrangements/Housing

# Sleep Pattern:

**Medication History:**

# Description of Symptoms and Stressors:

**Presenting Problems/Reason(s) for Hospitalization:**

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# Prior Living Arrangements Comments-Living Arrangements:

**Family Interactions (Current “Family” Unit)**

* Express Wide Range of Feelings  Unable To Express Feelings
* Usually Warm and Affectionate  Forma/Reserved
* Polite Without Warmth Or Affection  Absence of Sensitivity/Understanding
* Sensitive and Understanding  Difficulty Expressing Feelings
* Humorous and Optimistic  Cynical, Hopeless, and Pessimistic
* Enmeshed  Frequently Hostile w/Times of Pleasure
* Overly Hostile  Other

# Comments – Family Interactions:

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# Economic and Financial Status

* No Source of Income or Support

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Income Source**   * VA Benefits | * Self | | * SSI | * Family | |
| * Trust * SSDI | * Social Security * Retirement | | * Employment * Other | * Child Support/Alimony | |
| **Financial Liability**   * Insurance  Medicare | | * Medicaid | **Other Subsides**   * Food Stamps | | * Section 8 Housing |
|  | |  | * AFDC | | * Other |

# Comments – Economic/Financial:

**Community HealthCare Affiliations:**

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# Beliefs/Practices That Provide Comfort/Support:

**Denominational Affiliation Desire Contact With Clergy**

* + Yes  No

# Specify Other Denominational Affiliation

**Active Religious Barriers to Learning/Treatment**

* Yes  No  Yes  No

# Comments – Religion:

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# Legal Involvement

* Changes Pending  Incarceration History
* History Misdemeanor Charges  Probation
* History Criminal Activity w/o Conviction  History Felony Convictions
* History of Civil Legal Problems  Parole
* No Legal Involvement

# Comments – Legal:

**FAMILY/SIGNIFICANT OTHER HISTORY**

**Family Member/Significant Other Primary Contact**

* + Yes  No

**Relationship Education**

* + Did Not Complete High School  Bachelors Degree
  + High School Graduate  Graduate Degree

**Other Relationship**

* Some College/Technical School  Unknown
* Associates Degree  Other

**Status of Relationship Specify Other Education**

* Positive  Estranged  Strained  Distant  Other

Specify Other

**Substance Use and/or Metal Health Concerns**

Occupation Primary Language

* Substance  Mental Health Preferred Written Communication
* Substance & Mental Health  Unknown

Preferred Oral Communication

# Substance Use and/or Mental Health Comments:

**Additional Information:**

# PERSONAL HISTORY

Date of Birth Place of Birth

# Birth, Early Growth, and Development

* Mother Received Prenatal Care
* Mother Used Substances During Pregnancy
* Complications During Pregnancy
* Complications In Deliver

# Comments – Birth:

**Developmental Milestones – Crawling, Walking, Talking, etc**

* Within Normal Limits  Early/Advanced
* Delayed  Unknown

# Comments – Milestones:

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# Child hood Illnesses/Accidents

* Allergies  Learning Problems
* Asthma  Loss of Consciousness
* Chronic Illness  Multiple Illnesses
* Complications/Childhood Illnesses  Nightmares
* Diabetes  No Complications/Usual Illnesses
* Encopresis  Other
* Enuresis  Physical Handicap
* Head Injury  Seizures
* Hearing Problem  Speech Problem
* High/Prolonged Fever  Visual Problem

# Comments – Illnesses/Accidents:

**Social Development**

* Academic/School Problems  Juvenile Legal Involvement
* Close Friends  Leadership Roles In Peer Groups
* Club Memberships  Other
* Cruelty To Animals  Outgoing
* Few Relationships With Peers  Problems With Authority Figures
* Fire Setting  Religious Affiliation
* Fought With Peers  Substance Use
* Gang Member/Association  Violence/Trauma
* Good Relations With Peers  Weapons Used In Fights
* Hobbies  Withdrawn

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# Trauma History

* Victim of Verbal/Emotional Abuse  Early Loss of Parental Figure(s)
* Victim of Rape/Sexual Assault  Victim of Severe Accident/Threat to Life
* Victim of Other Criminal Activity  Victim to Workplace Violence
* Witness To Death/Violence To Others  Victim of Sexual Abuse
* Victim of Physical Deformity/Anomaly  Veteran of War/Combat
* Victim/Witness of Family Violence  Victim of Neglect
* Victim of Physical Abuse  Victim of Exploitation
* Victim of Natural Disaster  Other

# Comments – Trauma History:

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# Race Comments – Cultural:

**Citizenship**

# Ethnic Group

**Geographic Location Growing Up**

# Socioeconomic Level Growing Up

**Beliefs, Values, Customs**

# Issues Not Discussed In Family

**Cultural Barriers to Learning and/or Treatment**

* Yes  No

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# Military History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes | * No | | | |
| **Military Branch**   * Army | | * Coast Guard | * National Guard | * Air Force |
| * Marines * Foreign Stations | | * Navy * Other | * Merchant Marine | * Combat Participant |

**Rank Length/Dates of Duty**

|  |  |  |
| --- | --- | --- |
| **Type of Discharge** |  | |
| * Honorable | * General | * Dishonorable |
| * Bad Conduct | * Other Than Honorable Conditions | * Other |

# Service Mental Health Evaluation/Treatment:

**Exposure to Combat**

* Yes  No

# Comments – Exposure to Combat:

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# Gender Dating Relationships in Adolescent Years

* Female  Male  Unknown  Yes  No

Age at Onset of Puberty Age First Became Sexually Active

|  |  |  |
| --- | --- | --- |
| **Sexual Identification** |  | |
| * Heterosexual | * Homosexual | * Bisexual |
| * Asexual | * In Transition | * Other |

# Sexual Activity

* Currently Sexually Active  Knowledge of Safer Sex Practices
* Engages In Risk Behaviors for STD/HIV  History of Sexually Transmitted Diseases
* History Of Predatory Sexual Behavior  Needs HIV Testing/Counseling
* Not Sexually Active  Unknown

# Comments – Sexual History:

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# Highest Level of Education Completed Reading Ability/Level by History

**Reason For Discontinuation Estimated IQ by History**

* + Above Average  Low Average
  + Average  Below Average

**Major/Area of Focus**  Intellectually Disabled

# Specialized Testing

**Program Type**

* Special Education  Regular

# Gifted Educational Barriers to Learning and/or Treatment

* + Yes  No

# Comments – Education History:

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# Occupational History Length of current Employment

* Never Employed  Retired
* Unemployed  Currently Employed

# Longest Period of Employment

**Occupation**

# Preferred Type of Work

**Comments – Occupational History:**

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**Guardianship**

* Not Applicable
* Pt has guardian
* Pt needs guardian
* Pt had guardian, but no longer acting
* Guardian status unknown
* Other

# Guardianship Comments:

**NEEDS / RECOMMENDS**

# Needs

* Abuse Issues  Leisure Skills
* Academic Programming  Medication Education
* Anger Management  Other
* Assertiveness Training  Problem-Solving
* Community Resource Referrals  Social Skills
* Developing Confidence  Stress Management
* Education About Diagnosis  Substance abuse Education
* Family Therapy/Counseling  Symptom Management
* Grief/Loss Therapy/Counseling  Trial Competency Restoration

# Comments – Needs:

**Strengths and Assets**

* Ability To Conform  Monthly Income
* Academic Skills  Motivation To Learn About Illness
* Acuteness of Illness  Motivation
* Adaptability  No Criminal History
* Age/Youth  No Family Hx of Mental Illness/Addiction
* Capacity For Control  No Substance Abuse History
* Current Employment  Other
* Family Involvement  Persistence
* High Self-Esteem  Physical Health
* Independent Self-Care Skills  Recent Onset of Psychiatric Illness
* Insight  Socialization Skills
* Intelligence  Support System
* Interpersonal Skills  Survival Skills
* Judgement  Verbal Skills
* Leisure Interests  Work Skills

# Comments – Strengths/Assets:

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# Barriers and Liabilities

* Barriers To Learning  Inadequate Housing
* Community Health Services Inaccessible  Lack of Support System
* Community Health Services Unacceptable  Limited Education
* Community Health Services Unavailable  Limited Intellectual Functioning
* Confused Family Roles  No Insight
* Criminal Record  No Leisure Moments
* Crisis In Home  No Motivation
* Dysfunctional Family Communication  Other
* Early Onset of Psychiatric Illness  Poor Financial/Work Pattern
* Family History of Mental Illness  Poor Interpersonal/Coping Skills
* Family History of Substance Abuse  Poor Physical Health
* History of Physical/Sexual Abuse  Prior Failed Community Placements
* History of Substance Abuse  Rigid Family Rules
* Inability To Compromise  Severe Degree of Dysfunction
* Inability To Delay Gratification  Strong Negative Symptom Pattern
* Inability To Follow Established Rules  Unhealthy Coping Style

# Comments – Weaknesses/Liabilities:

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# Axis IV Psychosocial and Environmental Problems Comments – Axis IV

* Economic Problems
* Educational Problems
* Housing Problems
* Legal Problems With The System/Crime
* Occupational Problems
* Other Psychosocial/Environmental Problem
* Problems Related To Social Environment
* Problems With Access To Health Services
* Problems With Primary Support Group

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# Current Axis V Comments – Axis V

**Highest In Past Year**

# Aftercare Provided By Objective and Interventions:

**Other Community Referrals**

# Family Involvement In Discharge Planning

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# Projected Discharge Living Arrangements Comments – Preliminary Plans

* BHO Care
* ICF / IDD
* Jail/Correctional Facility
* MHA / LIDDA
* Nursing Home
* Other Agency Arranged
* Other State Hospital
* Out of State
* Personal Care / Group Home
* Private Psychiatric Hospital
* Private Residence

# Respite MHA/SPN Activities to Address Any Barriers to Discharge

* State Funded Comm. Psych. Hosp.
* SSLC
* Substance Abuse Center
* Supportive Housing
* VA Care
* Other

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# Family Education Needs / Plans Comments – Family Education

* Communication Needs
* Community Resources
* Community Support Groups
* Coping Strategies
* Family Therapy
* Medication Education
* Mental Illness Education
* MHMR Referral
* Other
* Relapse Prevention
* Setting Limits
* Substance Abuse Education