

## San Mateo County Behavioral Health & Recovery Services WORKSHEET FOR YOUTH INITIAL ASSESSMENT

Name \_\_\_\_\_ MH Record# \_\_\_\_\_ Episode \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_ SSN \_\_\_\_\_

**!!! ATTENTION!!!** Select "Type of Assessment" first before proceeding; selecting "Update" will clear all fields except Diagnosis!!!

### Tab 1 Assessment Information

Assessment Date:

Child/Youth's Age	
Years	Months

Assessment Type

Annual       Update

Source of Information (Check all that Apply)	
<input type="checkbox"/> School <input type="checkbox"/> Parent/Guardian/Caretaker <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Referral Packet <input type="checkbox"/> Probation <input type="checkbox"/> Family/Relative <input type="checkbox"/> Social Services <input type="checkbox"/> PES
<b>Service Strategies (Check all that apply)</b>	Highest School Grade Completed (CSI)
<input type="checkbox"/> Assertive Community Treatment	
<input type="checkbox"/> Dlv'r'd in Partnership w Health Care	Employment Status (CSI)
<input type="checkbox"/> Dlv'r'd in Partnership w Law Enforcement	
<input type="checkbox"/> Dlv'r'd in Partnership w Social Services	Living Arrangement (CSI)
<input type="checkbox"/> Dlv'r'd in Partnership w Sub. Abuse Serv	
<input type="checkbox"/> Ethnic Specific Service Strategy	Conservatorship/Court Status (CSI)
<input type="checkbox"/> Family Psychoeducation	
<input type="checkbox"/> Family Support	Number of children under the age of 18 the client cares for or is responsible for at least 50% of the time (CSI)
<input type="checkbox"/> Functional Family Therapy <input type="checkbox"/> Illness Management & Recovery <input type="checkbox"/> Integrated Dual Dx Treatment	
<input type="checkbox"/> Integrated Services MH + Aging	Number of dependent adults age 18 or older the client cares for or is responsible for at least 50% of the time (CSI)
<input type="checkbox"/> Integrated Services MH + Dev.Disability <input type="checkbox"/> Medication Management <input type="checkbox"/> Multi-systemic Therapy <input type="checkbox"/> New Generation Medications	
<input type="checkbox"/> Peer/Family Delivered Services	
<input type="checkbox"/> Psychoeducation	
<input type="checkbox"/> Supportive Education	
<input type="checkbox"/> Supportive Employment	
<input type="checkbox"/> Therapeutic Foster Care	
<input type="checkbox"/> Unknown Service strategy	

**Tab 2 Assessment Update**

**Updates to Psychosocial History**

**Updates to Psychiatric and Medical History (Specify changes in the past year.)**

**Overall Concerns of RISK?**

- Yes     
  No     
  Undetermined

**Changes in Substance Use Status (since last assessment)**

- Yes     
  No     
  Unknown

**Does TRAUMA Impact Child/Family Presenting Problem or Functioning?**

- Yes     
  No     
  Unknown

**Risk Evaluation/Trauma Info (incl. PTSD Symptoms) / AOD Use (Drug Name, Frequency, Age of 1<sup>st</sup> Use, Date of last Use)**

<b>Youth's Gender Identity? (RESTRICTED)</b>	<b>Youth's Sexual Orientation? (RESTRICTED)</b>
<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Heterosexual <input type="radio"/> Bisexual
<input type="radio"/> Transgender	<input type="radio"/> Gay/Lesbian
<input type="radio"/> Intersex	<input type="radio"/> Questioning
<input type="radio"/> Declined to state <input type="radio"/> Unknown	<input type="radio"/> Declined to state <input type="radio"/> Unknown
<input type="radio"/> Other	<input type="radio"/> Other



**Tab 3 CALOCUS**

<b>Is Youth Emancipated?</b>				
<input type="radio"/> Yes <input type="radio"/> No				
<b>1. Risk of Harm</b>				
<input type="radio"/> 1- Low Risk	<input type="radio"/> 2-Some Risk	<input type="radio"/> 3-Significant Risk	<input type="radio"/> 4-Serious Risk	<input type="radio"/> 5-Extreme Risk
<b>2. Functional Status</b>				
<input type="radio"/> 1-Mimimal	<input type="radio"/> 2-Mild	<input type="radio"/> 3-Moderate	<input type="radio"/> 4-Serious	<input type="radio"/> 5-Severe
<b>3. Co-Morbidity</b>				
<input type="radio"/> 1-None	<input type="radio"/> 2-Minor	<input type="radio"/> 3-Significant	<input type="radio"/> 4-Major	<input type="radio"/> 5-Severe
<b>4a. Recovery Environment- Environmental Stressors</b>				
<input type="radio"/> 1- Minimally Stressful	<input type="radio"/> 2- Mildly	<input type="radio"/> 3- Moderately	<input type="radio"/> 4- Highly	<input type="radio"/> 5- Extremely Stressful
<b>4b. Recovery Environment- Environmental Support</b>				
<input type="radio"/> 1-Highly Supportive	<input type="radio"/> 2-Supportive	<input type="radio"/> 3-Limited	<input type="radio"/> 4-Minimally	<input type="radio"/> 5-No Support
<b>5. Resiliency and Treatment History</b>				
<input type="radio"/> 1-Full	<input type="radio"/> 2-Significant	<input type="radio"/> 3- Moderate/Equivocal	<input type="radio"/> 4-Poor	<input type="radio"/> 5-Negligible
<b>6a. Treatment, Acceptance, Engagement- Child/Adolescent</b>				
<input type="radio"/> 1- Optimal	<input type="radio"/> 2- Constructive	<input type="radio"/> 3- Obstructive	<input type="radio"/> 4- Adversarial	<input type="radio"/> 5- Inaccessible
<b>6b. Treatment, Acceptance, Engagement- Parent/Caretaker</b>				
<input type="radio"/> 0-N/A	<input type="radio"/> 2- Constructive	<input type="radio"/> 3- Obstructive	<input type="radio"/> 4- Adversarial	<input type="radio"/> 5- Inaccessible
<input type="radio"/> 1-Optimal				
<b>Calculate LOCUS Score</b>		Total Score		<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

**Tab 4 MSE/Behavioral Observations**

<p><b>May ONLY be completed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.</b></p>	
<p><b>Does a Co-Morbid condition exist?</b>  <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Unknown</p>	
<p>Is <b>General Appearance</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>	<p>Is <b>Affect</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>
<p><b>General Appearance:</b>  <input type="checkbox"/> Inappropriate      <input type="checkbox"/> Hygiene Problems  <input type="checkbox"/> Disheveled      <input type="checkbox"/> Odd/eccentric  <input type="checkbox"/> Other</p>	<p><b>Affect:</b>  <input type="checkbox"/> Sad      <input type="checkbox"/> Angry      <input type="checkbox"/> Anxious      <input type="checkbox"/> Flatten  <input type="checkbox"/> Withdrawn      <input type="checkbox"/> Incongruent      <input type="checkbox"/> Labile      <input type="checkbox"/> Other</p>
<p>General Appearance Comments:</p>	<p>Affect Comments:</p>
<p>Is <b>Speech</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>	<p>Is <b>Mood</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>
<p><b>Speech:</b>  <input type="checkbox"/> Pressured      <input type="checkbox"/> Mute  <input type="checkbox"/> Poverty of Speech      <input type="checkbox"/> Perseverative  <input type="checkbox"/> Impairment      <input type="checkbox"/> Other</p>	<p><b>Mood:</b>  <input type="checkbox"/> Within Normal Limits      <input type="checkbox"/> Depressed  <input type="checkbox"/> Anxious      <input type="checkbox"/> Expansive/Euphoric  <input type="checkbox"/> Irritable      <input type="checkbox"/> Angry  <input type="checkbox"/> Other</p>
<p>Speech Comments:</p>	<p>Mood Comments:</p>
<p>Is <b>Behavior</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>	<p>Is <b>Thought Content</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>
<p><b>Behavior:</b>  <input type="checkbox"/> Aggressive      <input type="checkbox"/> Hostile      <input type="checkbox"/> Impulsive  <input type="checkbox"/> Immature      <input type="checkbox"/> Evasive      <input type="checkbox"/> Uncooperative  <input type="checkbox"/> Other</p>	<p><b>Thought Content:</b>  <input type="checkbox"/> Visual Hallucinations      <input type="checkbox"/> Auditory Hallucinations  <input type="checkbox"/> Delusions      <input type="checkbox"/> Loose associations  <input type="checkbox"/> Flight of Ideas      <input type="checkbox"/> Paranoid Ideation  <input type="checkbox"/> Other</p>
<p>Behavior Comments:</p>	<p>Thought Content Comments:</p>

<p>Are <b>Physical</b> and <b>Motor Abilities</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>	<p>Is <b>Thought Process</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>
<p><b>Physical and Motor:</b></p> <p><input type="checkbox"/> Increased/Excessive      <input type="checkbox"/> Decreased/Slowed  <input type="checkbox"/> Posturing/Repetitive      <input type="checkbox"/> Tremors  <input type="checkbox"/> Tics      <input type="checkbox"/> Other</p>	<p><b>Thought Process:</b></p> <p><input type="checkbox"/> Blocking/Slowed      <input type="checkbox"/> Racing Thoughts  <input type="checkbox"/> Impaired Concentration      <input type="checkbox"/> Poor Insight  <input type="checkbox"/> Other</p>
<p>Physical and Motor Comments:</p>	<p>Thought Process Comments:</p>
<p>Is <b>Cognition/ Intellect</b> Within Normal Limits?  <input type="radio"/> Yes      <input type="radio"/> No</p>	<p><b>Formal Mental Status Obtained</b>  <input type="radio"/> Yes      <input type="radio"/> No</p>
<p><b>Cognition/Intellect:</b></p> <p><input type="checkbox"/> Weak Vocabulary      <input type="checkbox"/> Concrete Thinking  <input type="checkbox"/> Poor Judgment      <input type="checkbox"/> Other</p>	<p><b>Formal MSE:</b></p> <p><input type="checkbox"/> Impaired S-T Memory      <input type="checkbox"/> Impaired L-T Memory  <input type="checkbox"/> Can't Do Serial 7's      <input type="checkbox"/> Can do Serial 7's  <input type="checkbox"/> Paucity of Knowledge      <input type="checkbox"/> Poor Orientation</p>
<p>Cognition/ Intellect Comments:</p>	
<p><b>Other MSE Information:</b></p>	

**Tab 5 Diagnosis**

**Must be reviewed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.**

Type of Diagnosis

- Admission    Discharge    Update

Date of Diagnosis

Time of Diagnosis

Diagnosing Practitioner

- Name/ID Number    Unique Practitioner ID

Trauma (CSI)

- Yes    No    Unknown

Has Substance Abuse/Dependence Diagnosis (CSI)

- Yes    No    Unknown

Substance Abuse/Dependence Diagnosis (CSI)

**AXIS I Diagnosis**

AXIS I - 1 (Primary Diagnosis)

AXIS I - 2

Axis I - 3

**AXIS II**

AXIS II – 1 (NO DIAGNOSIS code as V71.09)

AXIS II – 2

**AXIS III – Medical Conditions**

- Allergies
- Anemia
- Arterial Sclerotic Disease
- Arthritis
- Asthma
- Birth Defects
- Blind/Visually Impaired
- Cancer
- Carpal Tunnel Syndrome
- Chronic Pain
- Cirrhosis
- Cystic Fibrosis
- Deaf/Hearing Impaired
- Diabetes
- Digestive Disorders (Reflux, IBS)
- Ear Infections
- Epilepsy/Seizures
- Heart Disease
- Hepatitis
- Hypercholestoralemia
- Hyperlipidemia
- Hypertension
- Hyperthyroid
- Infertility
- Migraines
- Multiple Sclerosis
- Muscular Dystrophy
- No General Medical Condition
- Obesity
- Osteoporosis
- Other
- Parkinson’s Disease
- Physical Disability
- Psoriasis
- Sexually Transmitted Disease (STD)
- Stroke
- Tinnitus
- Ulcers
- Unknown/Not Reported General Medical Condition

**AXIS IV – Psychosocial and Environmental Problems**

- Problems with Primary Support Group
- problems related to social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care
- Problems related to legal system/crime
- Other psychosocial/environment problems
- None Known

**Axis V – GAF**

**Do not change unless the Primary Dx is an Axis II Dx.  
Do not make Substance Use Dx a Primary Dx unless there is no other Dx.**

**Primary Diagnosis**

**Diagnostic Comments**



**Tab 6 Clinical Formulation**

May ONLY be completed by Licensed/Waivered MD/NP, MFT/MFTI, LCSW/ASW, Psy (PhD/PyD), RN with Psych MS or Trainee with co-signature.

**As a result of the Primary Diagnosis, the client has the following functional impairments:**

Treatment is being provided to address, or prevent, significant deterioration in an important area of life functioning

- School/Work Functioning
- Social Relationships
- Daily Living Skills
- Ability to Maintain Placement
- Symptom Management

A probability the child will not progress developmentally as individually appropriate

- Yes
- No

**Annual Clinical Formulation: (Incl. course of treatment, impairments, diagnostic criteria, strengths)**

**Additional Factors and Comments**

## Tab 7 Finalize

Indicate other staff contributing to this assessment and their contribution.

Contributing Practitioner

Contributing Practitioner

Area of Contribution

Area of Contribution

**Co-Signature request is ONLY sent when document is saved as "Pending Approval"**

Send To (For "Pending Approval" Co-Signature)

**Draft/Pending Approval/Final**

- Draft       Final  
 Pending Approval

Send To Outgoing Comments