Person's Name (First MI Last):	**Record #:**	**Date of Admission:**
Organization Name:	**DOB:**	**Gender:** ☐ Male ☐ Female ☐ Transgender

Presenting Concerns (In Person's Served/Family's Own Words)

Referral Source and Reason for Referral:

What Occurred to Cause the Person to Seek Services Now (Note Symptoms, Behavioral and Functioning Needs)**:**

Custody (If more than one parent/guardian has custody, check all boxes that apply to indicate sole or joint legal and/or physical custody)

☐ **Self:** ☐ **Person is 18 yrs. Or Older** ☐ **Mature Minor (16 – 18 yrs. Old)**

☐ **Parent /** ☐ **Guardian 1:** **Name:** ☐ **Legal Custody** ☐ **Physical Custody**

☐ **Parent /** ☐ **Guardian 2:** **Name:** ☐ **Legal Custody** ☐ **Physical Custody**

☐ **DCF** **Caseworker Name:**

☐ **Other (Describe):**

Is there a need for Legal Guardian? ☐ Yes ☐ No **; If yes, complete Legal Status Addendum**

Rep Payee? ☐ Yes ☐ No

Conservatorship? ☐ Yes ☐ No

Living Situation

What is the person's current living situation? (check one)

Person's Home: ☐ Rent ☐ Own

Residential Care/Treatment Facility: ☐ Hospital ☐ Temporary Housing ☐ Residential Program ☐ Nursing/Rest Home ☐ Supportive Housing

Other:

☐ Friend's Home ☐ Relative's/Guardian's Home ☐ Foster Care Home ☐ Respite Care ☐ Jail/Prison
☐ Homeless living with friend ☐ Homeless in shelter/No residence ☐ Other:

Contact name and phone number:

At Risk of Losing Current Housing ☐ Yes ☐ No Satisfied with Current Living Situation ☐ Yes ☐ No

Comments:

FAMILY (☐ Genogram Attached / ☐ Ecomap Attached)

Household Members (Name)	Relationship to Person Served	Age

Person's Name (First MI Last):	**Record #:**

Street Address (if different from the person's served address listed on Personal Information Form):

Significant Family Members/ Others not listed above	**Relationship to Person Served**	**Age**

Significant History Regarding Family Functioning:

Current Status of Family Functioning (☐If CANS Assessment has been completed check here, if not describe below. If billing DPH complete GAIN instrument):

SOCIAL FUNCTIONING

Significant History Regarding Social Functioning:

Current Status of Social Functioning (☐If CANS Assessment has been completed check here, if not describe below):

MEDICAL/PHYSICAL

Physical Health Summary OR ☐ Refer to Attached Physical Health Assessment

Allergies: ☐ No Known Allergies

Food: Medication: Environmental:

Significant History Regarding Physical Health Reported (Include immunization status, prenatal exposure to alcohol and drugs):

Current Status of Medical/Physical Functioning (☐If CANS Assessment has been completed check here, if not describe below):

Primary Care Provider and Dentist Name and Credentials	**Address**	**Tel Number**	**Fax**	**Date of Last Exam**

DEVELOPMENTAL

Significant History Regarding Developmental Functioning

Current Status of Developmental Functioning (☐If CANS Assessment has been completed check here, if not describe below):

Person's Name (First MI Last):	**Record #:**

SELF CARE

Significant History Regarding Self Care:

Current Status of Self Care including assistive technology and special communication needs. Include ability to self-preserve (☐If CANS Assessment has been completed check here, if not describe below):

COMMUNITY

Significant History Regarding Community Functioning:

Current Status of Community Functioning (☐If CANS Assessment has been completed check here, if not describe below):

EDUCATION

Learning Impairments

Significant History Regarding Learning Impairments:

Current Status of Learning Impairments: (☐If CANS Assessment has been completed check here, if not describe below):

School Behavior

Significant History Regarding School Behavior:

Current Status of School Behavior: (☐If CANS Assessment has been completed check here, if not describe below):

School Achievement

Significant History Regarding School Achievement:

Current Status of School Achievement: (☐If CANS Assessment has been completed check here, if not describe below):

School Attendance

Significant History Regarding School Attendance:

Current Status of School Attendance: (☐If CANS Assessment has been completed check here, if not describe below):

BEHAVIORAL/EMOTIONAL NEEDS

Significant History Regarding Behavioral/Emotional Needs:

Current Status of Behavioral/Emotional Needs(☐If CANS Assessment has been completed check here, if not describe below):

Needs (check all that apply):	**Describe All Needs Checked:**
☐ Psychosis	
☐ Impulsivity/Hyperactivity	
☐ Depression	
☐ Anxiety	
☐ Oppositional	
☐ Conduct	
☐ Adjustment to Trauma	
☐ Emotional Control	
☐ Eating Disturbance	
☐ Other (Describe):	

Person's Name (First MI Last):	**Record #:**

CHILD RISK BEHAVIORS

Significant History of Risk Behaviors (check all that apply):

Current Status of Risk Behaviors: (☐If CANS Assessment has been completed check here, if not describe below):

Needs (check all that apply):	**Describe All Behaviors Checked:**
☐ **Suicide**	
☐ **Mutilation**	
☐ **Other/Self Harm**	
☐ **Danger to Others**	
☐ **Sexual Aggression**	
☐ **Runaway**	
☐ **Delinquent Behavior**	
☐ **Poor Judgment**	
☐ **Fire Setting**	
☐ **Social Behavior**	
☐ **Gambling:**	
☐ **Bullying**	
☐ **Other (Describe)**	

CHILD STRENGTHS

Family

Significant History Regarding Family Strengths:

Current Status of Family Strengths: (☐If CANS Assessment has been completed check here, if not describe below):

Interpersonal Relationships

Significant Interpersonal History:

Current Status of Interpersonal Relationships: (☐If CANS Assessment has been completed check here, if not describe below):

Attitude of Optimism

Significant History Regarding Attitude of Optimism:

Current Status of Attitude of Optimism: (☐If CANS Assessment has been completed check here, if not describe below):

Educational

Significant History Regarding Educational Strengths:

Current Status of Educational Strengths: (☐If CANS Assessment has been completed check here, if not describe below):

Vocational

Significant History of Vocational Strengths:

Current Status of Vocational Strengths: (☐If CANS Assessment has been completed check here, if not describe below):

Person's Name (First MI Last):	**Record #:**

Talents and Interests

Significant History of Talents and Interests:

Current Status of Talents and Interests: (☐If CANS Assessment has been completed check here, if not describe below):

Spiritual and Religious

Significant History of Spiritual/Religious Strengths:

Current Status of Spiritual/Religious Strengths: (☐If CANS Assessment has been completed check here, if not describe below):

Community Life

Significant History of Community Life Strengths:

Current Status of Community Life Strengths: (☐If CANS Assessment has been completed check here, if not describe below):

Resiliency

Significant History of Resiliency:

Current Status of Resiliency: (☐If CANS Assessment has been completed check here, if not describe below):

CHILD ACCULTURATION

Language

Significant History Regarding Language:

Current Status Regarding Language: (☐If CANS Assessment has been completed check here, if not describe below):

Cultural Identity

Significant History of Cultural Identity:

Current Status of of Cultural Identity: (☐If CANS Assessment has been completed check here, if not describe below):

Cultural Ritual

Significant History Regarding Cultural Ritual:

Current Status of Cultural Ritual: (☐If CANS Assessment has been completed check here, if not describe below):

Cultural Stress

Significant History Regarding Cultural Stress:

Current Status of Cultural Stress: (☐If CANS Assessment has been completed check here, if not describe below):

TRANSITION TO ADULTHOOD ☐ Not clinically indicated

Independent Living

Significant History Regarding Independent Living:

Current Status Regarding Independent Living: (☐If CANS Assessment has been completed check here, if not describe below):

Person's Name (First MI Last):	**Record #:**
Transportation	
Significant History of Transportation:	
Current Status of Transportation: (☐If CANS Assessment has been completed check here, if not describe below):	

Person's Name (First MI Last):	**Record #:**
Parenting Roles	
Significant History Regarding Parenting Roles:	
Current Status of Parenting Roles: (☐If CANS Assessment has been completed check here, if not describe below):	
Personality Disorder	
Significant History Regarding Personality Disorder:	
Current Status of Personality Disorder: (☐If CANS Assessment has been completed check here, if not describe below):	

Intimate Relations
Significant History Regarding Intimate Relations:
Current Status Regarding Intimate Relations: (☐If CANS Assessment has been completed check here, if not describe below):
Medication Adherence
Significant History of Medication Adherence:
Current Status of Medication Adherence: (☐If CANS Assessment has been completed check here, if not describe below):
Educational Attainment
Significant History Regarding Educational Attainment:
Current Status of Educational Attainment: (☐If CANS Assessment has been completed check here, if not describe below):
Victimization
Significant History Regarding Victimization:
Current Status of Victimization: (☐If CANS Assessment has been completed check here, if not describe below):

Substance Use / Addictive Behavior History

Does person report a history of, or current, substance use or other addictive behavior concerns?

☐ No **(Skip to MH Service History section)**

☐ Yes;. **If substance use/addictive behavior screening NOT completed (e.g., CAGE, GAIN, etc.), please complete and attach SU/Addictive Behavior History Addendum.**

Check other assessments completed: ☐ GAIN ☐ CANS or ☐ ESM/BSAS ☐ Other:

Mental Health Service History

☐ **None Reported** - If None Reported, skip to the Health Summary section

Document services used: Residential/Supported Housing ☐ Assertive Community Treatment ☐ Outpatient ☐ Inpatient ☐ Day Treatment/Rehab/Clubhouse ☐ Other:

Person's Name (First MI Last):			**Record #:**	
Type of Service	**Dates of Service**	**Reason**	**Name of Provider/Agency:**	**Completed**
				☐**Yes** ☐**No**
				☐**Yes** ☐**No**
				☐**Yes** ☐**No**
				☐**Yes** ☐**No**
				☐**Yes** ☐**No**
				☐**Yes** ☐**No**

Comments on Effectiveness of Mental Health Services Received (include efficacy of current/historical psychiatric interventions; use of crisis services):

Past/Current Diagnoses: ☐ Not known by person served **/**

Medication Information (Include Non-Psych Meds/Prescription/ OTC/ Herbal) ☐ None Reported

Medication	**Rationale/ Condition**	**Dosage / Route / Frequency**	**Reported Side-effects**	**Adherence WA =** *With Assistance*	**Prescriber**
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	
				☐ No ☐ Yes ☐ WA	

Comments on Medications: (Include what medications have worked well previously, any adverse side effects, why person doesn't take meds as prescribed and/or which one(s) the person would like to avoid taking in the future.):

Legal Status and Legal Involvement and History

Does the person have a history of, or current involvement with the legal system (i.e., legal charges)? ☐ No ☐ Yes; **If yes, Please complete and attach the Legal Involvement and History Addendum**

Trauma History

Does person report a history of trauma? ☐ No ☐ Yes

Does person report history/current family/significant other, household, and/or environmental violence, abuse or neglect or exploitation? ☐ No ☐ Yes If yes, complete the CA Trauma History Addendum

Person's Name (First MI Last):	**Record #:**

Mental Status Exam – (WNL = Within Normal Limits) (**) **– *If Checked, Risk Assessment is Required***

Appearance: ☐ WNL ☐ Neat and appropriate ☐ Physically unkempt
Clothing: ☐ WNL ☐ Disheveled ☐ Out of the ordinary

Eye Contact: ☐ WNL ☐ Avoidant ☐ Intense ☐ Intermittent

Build: ☐ WNL ☐ Thin ☐ Overweight ☐ Short ☐ Tall

Posture: ☐ WNL ☐ Slumped ☐ Rigid, tense ☐ Atypical

Body Movement: ☐ WNL ☐ Accelerated ☐ Slowed ☐ Peculiar ☐ Restless ☐ Agitated

Behavior: ☐ Relaxed ☐ Cooperative ☐ Uncooperative ☐ Overly compliant ☐ Withdrawn ☐ Sleepy
☐ Nervous / Anxious ☐ Restless ☐ Silly ☐ Avoidant / Guarded / Suspicious ☐ Preoccupied ☐ Demanding
☐ Controlling ☐ Unable to perceive pleasure ☐ Provocative ☐ Hyperactive ☐ Impulsive ☐ Agitated ☐ Angry
☐ Assaultive ☐ Aggressive ☐ Compulsive

Speech: ☐ WNL ☐ Mute ☐ Over-talkative ☐ Slowed ☐ Slurred ☐ Stammer ☐ Rapid ☐ Pressured
☐ Loud ☐ Soft ☐ Clear ☐ Repetitive

Emotional State-Mood: ☐ WNL ☐ Lack of feelings ☐ Blunted, unvarying ☐ Euphoric, elated ☐ Tranquil
☐ Anger ☐ Hostility ☐ Irritable ☐ Fear, apprehension ☐ Depressed, sadness ☐ Anxious

Emotional State-Affect: ☐ WNL ☐ Constricted ☐ Flat ☐ Inappropriate ☐ Changeable ☐ Full
☐ Panic attacks or symptoms ☐ Sleep disturbance ☐ Appetite disturbance

Facial Expression: ☐ WNL ☐ Anxiety, fear, apprehension ☐ Sadness, depression ☐ Anger, hostility, irritability
☐ Expressionless ☐ Unvarying ☐ Inappropriate ☐ Elated

Perception: ☐ WNL ☐ Illusions ☐ Depersonalization ☐ De-realization ☐ Re-experiencing
Hallucinations - ☐ Auditory ☐ Visual ☐ Olfactory ☐ Gustatory ☐ Tactile ☐ Command**

Thought Content: ☐ WNL
Delusions - ☐ None reported ☐ Grandiose ☐ Persecutory ☐ Somatic ☐ Illogical ☐ Chaotic ☐ Religious
Other Content - ☐ Preoccupied ☐ Obsessional ☐ Guarded ☐ Phobic ☐ Suspicious ☐ Guilty
☐ Thought broadcasting ☐ Thought insertion ☐ Ideas of reference
Self Abuse Thoughts- ☐ None reported ☐ Cutting** ☐ Burning** ☐ Other self mutilation**
Suicidal Thoughts - ☐ None reported ☐ Passive SI** ☐ Intent** ☐ Plan** ☐ Means**
Aggressive Thoughts - ☐ None reported ☐ Intent** ☐ Plan** ☐ Means**

Thought Process ☐ WNL ☐ Incoherent ☐ Circumstantial ☐ Decreased thought flow
☐ Blocked ☐ Flight of ideas ☐ Loose ☐ Racing ☐ Increased thought flow ☐ Concrete ☐ Tangential

Intellectual Functioning ☐ WNL ☐ Lessened fund of common knowledge ☐ Short attention span
☐ Impaired concentration ☐ Impaired calculation ability
Intelligence Estimate - ☐ MR ☐ Borderline ☐ Average ☐ Above average ☐ No formal testing

Orientation: ☐ WNL **Disoriented to**: ☐ Person ☐ Time ☐ Place

Memory: ☐ WNL **Impaired:** ☐ Immediate recall ☐ Recent memory ☐ Remote memory

Insight: ☐ WNL ☐ Difficulty acknowledging presence of psychological problems
☐ Mostly blames other for problems ☐ Thinks he/she has no problems

Judgment: ☐ WNL **Impaired Ability to Make Reasonable Decisions**: ☐ Some ☐ Severe**

Past Attempts to Harm Self or Others: ☐ None Reported ☐ Self** ☐ Others**
Comment:

Comments:

Person's Name (First MI Last):			**Record #:**
Summary of Assessed Needs Including Functional Domains			
✓	**Check All Current Need Areas**	**As evidenced by:**	**Person Served Desires Change Now?:**
	Activities of Daily Living ☐ ***If checked, agency's functional assessment should be completed***		
☐	**Education/Employment:**		☐ **Yes** ☐ **No**
☐	**Housing Stability:**		☐ **Yes** ☐ **No**
☐	**Money Management:**		☐ **Yes** ☐ **No**
☐	**Personal Care Skills (Includes Grooming & Dress):**		☐ **Yes** ☐ **No**
☐	**Exercise**		☐ **Yes** ☐ **No**
☐	**Transportation**		☐ **Yes** ☐ **No**
☐	**Problem Solving Skills:**		☐ **Yes** ☐ **No**
☐	**Time Management:**		☐ **Yes** ☐ **No**
	Addictive Behaviors		
☐	**Substance Use/Addiction:**		☐ **Yes** ☐ **No**
☐	**Other Addictive Behaviors** (food, gambling, exercise, sex, etc.)**:**		☐ **Yes** ☐ **No**
	Behavior Management		
☐	**Anger/Aggression:**		☐ **Yes** ☐ **No**
☐	**Antisocial Behaviors:**		☐ **Yes** ☐ **No**
☐	**Lack of Assertiveness:**		☐ **Yes** ☐ **No**
☐	**Impulsivity:**		☐ **Yes** ☐ **No**
☐	**Legal Problems:**		☐ **Yes** ☐ **No**
☐	**Oppositional Behaviors:**		☐ **Yes** ☐ **No**
	Family and Social Support		
☐	**Communication Skills:**		☐ **Yes** ☐ **No**
☐	**Community Integration:**		☐ **Yes** ☐ **No**
☐	**Dependency Issues:**		☐ **Yes** ☐ **No**
☐	**Family education: (**Family education must be directed to the exclusive well being of the person served)**:**		☐ **Yes** ☐ **No**
☐	**Family Relationships:**		☐ **Yes** ☐ **No**
☐	**Peer / Personal Support Network:**		☐ **Yes** ☐ **No**
☐	**Recreation/Leisure Skills:**		☐ **Yes** ☐ **No**
☐	**Social/Interpersonal Skills:**		☐ **Yes** ☐ **No**

Person's Name (First MI Last):			**Record #:**
		Mental Health/Illness Management	
☐	**Anxiety:**		☐ **Yes** ☐ **No**
☐	**Coping/ Symptom Management Skills:**		☐ **Yes** ☐ **No**
☐	**Cognitive Problems:**		☐ **Yes** ☐ **No**
☐	**Compulsive Behavior:**		☐ **Yes** ☐ **No**
☐	**Depression/Sadness:**		☐ **Yes** ☐ **No**
☐	**Dissociation:**		☐ **Yes** ☐ **No**
☐	**Disturbed Reality** (Hallucinations)**:**		☐ **Yes** ☐ **No**
☐	**Disturbed Reality** (Delusions)**:**		☐ **Yes** ☐ **No**
☐	**Gender Identity:**		☐ **Yes** ☐ **No**
☐	**Grief/Bereavement:**		☐ **Yes** ☐ **No**
☐	**Hyperactivity/Hypomania:**		☐ **Yes** ☐ **No**
☐	**Mood Swings:**		☐ **Yes** ☐ **No**
☐	**Obsessions:**		☐ **Yes** ☐ **No**
☐	**Somatic Problems:**		☐ **Yes** ☐ **No**
☐	**Stress Management:**		☐ **Yes** ☐ **No**
☐	**Trauma:**		☐ **Yes** ☐ **No**
		Physical Health	
✓	**Check All Current Problem Areas**	**As evidenced by:**	**Person Served Desires Change Now?:**
☐	**Health Practices:**		☐ **Yes** ☐ **No**
☐	**Diet/Nutrition:**		☐ **Yes** ☐ **No**
☐	**Pain Management:**		☐ **Yes** ☐ **No**
☐	**Sexual Problems:**		☐ **Yes** ☐ **No**
☐	**Sleep Problems:**		☐ **Yes** ☐ **No**
		Risk/Safety	
☐	**High Risk Behaviors:**		☐ **Yes** ☐ **No**
☐	**Suicidal Ideation:**		☐ **Yes** ☐ **No**
☐	**Homicidal Ideation:**		☐ **Yes** ☐ **No**
☐	**Safety/Self-Preservation Skills:**		☐ **Yes** ☐ **No**
		Other	
☐	**Other:**		☐ **Yes** ☐ **No**
☐	**Other:**		☐ **Yes** ☐ **No**
☐	**Other:**		☐ **Yes** ☐ **No**

Person's Name (First MI Last):	**Record #:**
Service Preferences:	

Clinical Formulation – Interpretative Summary

This Clinical Summary is Based Upon Information Provided by (check all that apply):

☐ Person Served ☐ Parent(s) ☐ Guardian(s) ☐ Family/Friend ☐ Physician ☐ Records
☐ Law enforcement ☐ Service provider ☐ School personnel ☐ Other:

Interpretive Summary: What in your clinical judgment are the issue(s), the factors that led to the issues, and your plan to address the issues? Include all assessment sources.

Diagnosis: ☐ DSM Codes (or successor) ☐ ICD Codes (or successor)

Check Primary	Axis	Code	Narrative Description
☐	Axis I		
☐			
☐			
☐	Axis II		
☐			
☐	Axis III		
☐	Axis IV		
☐	Axis V	Current GAF:	Highest in Past Year GAF (If Known):

Further Evaluations Needed:

☐ None Indicated ☐ Psychiatric ☐ Psychological ☐ Neurological ☐ Medical ☐ Educational
☐ Vocational ☐ Visual ☐ Auditory ☐ Nutritional ☐ SA Assessment ☐ Other:

Person's Name (First MI Last):	**Record #:**
Was Outcomes tool administered? ☐ **Yes** ☐ **No If Yes, specify:**	

Prioritized Assessed Needs: A-Active, PD-Person Declined, F/G-Family/Guardian declined, D-Deferred, R-Referred Out (If person or family/guardian declined/deferred/referred out, please provide rationale)	**A**	**F/G***	**PR***	**D***	**R***
1.	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐

***Person or Family/Guardian Declined/Deferred/Referred Out Rationale(s) (Explain why Person or Family/Guardian Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred/Referred Out below).** ☐ None

1.

2.

3.

Level of Care/ Indicated Services Recommendation:

Will person's family be involved with treatment ☐ Yes ☐ No. If yes, specify (include family's response to recommendations, the involvement of family in the assessment process, state agency involvement and other supports).:

Provider - Print Name/Credential:	**Date:**	**Supervisor - Print Name/Credential** (if needed):	**Date:**
Provider Signature:	**Date:**	**Supervisor Signature** (if needed):	**Date:**
Person's Signature (Optional, if clinically appropriate):	**Date:**	**Parent/Guardian Signature** (If appropriate):	**Date:**
MD Signature (Required For Opiate Treatment Programs); **Is this an interactive assessment?** ☐ **Yes** ☐ **No –**	**Date:**	**Next Appointment:** **Date: / / - Time:** ☐ **am** ☐ **pm**	

Date of Service	Provider Number	Loc. Code	Prcdr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code