



| | | |
|---|-------------------------|--|
| Person's Name (First MI Last): Mary Fictitious | Record #: 108250 | Date of Admission: 3/1/13 |
| Organization/Program Name: Recovery Services, Inc. | DOB: 8/2/77 | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |

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

Referral Source: PCP

Reason for Referral: Mary reported that she has experienced two episodes where she "felt like she was going crazy... or going to die... or something." She contacted her primary care doctor about these experiences, who recommended she seek counseling. Her primary care doctor reportedly believes these two episodes were not solely due to Mary's medical conditions. Mary stated she is willing to attend counseling "if it will help."

What Occurred to Cause the Person to Seek Services Now (Note Precipitating Event, Symptoms, Behavioral and Functioning Needs): Mary reported that about a month ago when she was lying in her bed going to sleep, her heart began to beat quickly. She reported she began to have difficulty breathing, had a pain in her chest or her heart, and she "couldn't stop shaking." She stated that she was scared she was "going crazy." Mary stated that this experience "felt like it lasted forever." She called a friend to come over and stated later that many of her symptoms had lessened by the time her friend arrived. A couple of days later, Mary said she had another experience like this with similar symptoms during the day. Mary said both experiences started "without warning" and that she is "nervous that it might happen again." She reported that she has had particular difficulty falling asleep.

Living Situation

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

- Rent Own 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:
- Residential Care/Treatment Facility: (Hospital Temporary Housing Residential Program Nursing/Rest Home Supportive Housing)

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

Comments (Include environmental surroundings and neighborhood description): Mary noted that she would like a bigger apartment so her kids could each have their own room. She went on to state, "it's fine for now."

Family History

Family History and Relationship, Parental/ Familial Caretaker Obligations: Mary reported that she has two younger sisters, whom she speaks to "about once a month." She reported that her parents went through a "messy divorce" which ended when she was about 7 years old and that she is closer to her mother than her father at this time in life. She reported that most of her family lives in Virginia, where she grew up. Mary stated that she has been married to Paul for 8 years and has two children. She reported her daughter is 6 and her son is 3. Mary noted that she and her husband usually get along well, but have been having "some difficulties" in the past 6 months. She stated that she did not wish to talk about this further "unless it seemed necessary."

Pertinent Family Medical, MH and SU History: Mary reported that her mother and two aunts are breast cancer survivors. She stated that her father has diabetes. She stated that no one in her family has "official" mental health concerns as far as she knows, though Mary suspected that some of her family members on her mom's side struggle with anxiety. Mary stated that her father "used to drink," but has "been sober for some time now."

Developmental History and Status: Mary reported she was held back in the first grade, but otherwise reported normal development.

Social Support

Friendship/Social/Peer Support Relationships, Pets, Community Supports/Self Help Groups (AA, NA, SMART, NAMI, Peer Support, etc.): Mary reported she has a couple close friends from nursing school, but not many other friends. She reported having no pets and not being involved in any self-help groups.

Religion/Spirituality and Cultural/Ethnic Information: Mary reported that she began attending a church again in the past couple months. She described it as "a positive experience" for her and her children. Mary described herself as bi-racial (Caucasian/African American).



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| Person's Name (First MI Last): Mary Fictitious | Record #: 108250 |
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Legal Status and Legal Involvement History

Does Person Served have a Legal Guardian, Rep Payee or Conservatorship? No Yes; **If yes, complete and attach the Legal Status Addendum**

Is there a need for a Legal Guardian, Rep Payee or Conservatorship? No Yes / Explain:

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

Education

Highest Level of Education Achieved: GED HS Grad College Vocational Training Graduate Degree Highest Grade Completed: 17 (Mary completed a 5 year BS-MS Nursing Degree.)

Person's Preferred Learning Style(s): Visual Auditory Verbal Written Learn by doing

Currently Enrolled in Educational Program?: No Yes; **If yes, complete and attach Education Addendum**

Is person interested in further education or assistance in education?: No Yes; **If yes, complete and attach Education Addendum**

Employment and Meaningful Activities

Employment Status/Interests: Mary works as a nurse at a geriatric care facility.

Never Worked Currently Employed? No Yes; If yes, length of employment: 8 years
 (If not currently employed) – Person served wants to work? No Yes Uncertain / Comments:

Does the person want help to find employment? No Yes / Comments: **If yes, complete Employment Addendum**

Meaningful Activities (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests): Mary stated she is considering joining the music team at her new church, as she enjoyed singing in her church choir when she was young. She reported that she does not have much free time for leisure activities.

Income/Financial Support

How does the person describe her/his current financial situation? Comfortable/ living within means
 Occasional struggle with finances Often struggles with finances Financial struggles are a major source of stress
 Comments:

Does the person receive any sources of financial assistance?

SSI SSDI Food Stamps Contributions from family or friends
 Disability Child Support Veterans Benefits
 TAFDC EAEDC Other:

If yes, Type and Amount:

Military Service

None Reported - If None Reported, skip to the Substance Use / Addictive Behavior History Section

| | |
|---|---|
| Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran | Date of Discharge: Type of Discharge: <input type="checkbox"/> 1. Honorable <input type="checkbox"/> 2. General (under Honorable Conditions) <input type="checkbox"/> 3. Other than Honorable <input type="checkbox"/> 4. Bad Conduct <input type="checkbox"/> 5. Dishonorable Reason: |
|---|---|

Is a complete Military Service assessment needed? No Yes; **If yes, complete and attach Military Service Addendum**

Addictive Behavior and Substance Abuse History

Does person report a history of, or current, substance use or other addictive behavior concerns (i.e., alcohol, tobacco, gambling, food)? No Yes; **If yes, complete and attach Addictive Behavior History/SA Addendum.**



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Mental Health and Addiction Treatment History

| Type of Service | Dates of Service | Reason | Name of Provider/ Agency: | Inpatient/ Outpatient | Completed |
|-----------------------|------------------|--|-------------------------------------|--|---|
| Outpatient Counseling | 1983/1984 | To have support after her parent's divorce | Mary reported she doesn't remember. | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | / | | | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | / | | | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | / | | | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | / | | | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | / | | | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | / | | | <input type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Efficacy of past and current treatment: Mary reported that she and her sisters attended counseling for a short period of time when her parents were divorcing. Mary stated that she doesn't remember much from this time, but stated that she thinks it helped.

Psychiatric History (including past diagnoses and course of illness): Mary is not aware of having any previous diagnoses.

Source(s) of Information:
 Person Served
 Significant other/Family member(s)
 Service Provider(s)

Case Manager
 Written records
 Other:

Physical Health

| PCP, Medical Specialist and Dentist Name, Credentials, Specialty | Telephone Number | Fax Number | Address | Date of Last Exam |
|--|------------------|--------------|-----------------------------|-------------------|
| Dr. Smith | 555-555-5555 | 555-555-5555 | 10 Main Street, Anytown, MA | 2/2013 |
| | | | | |
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Physical Health Summary
 OR Refer to Attached Physical Health Assessment

Bureau of Substance Abuse Services (BSAS) Programs must complete the MSDP Infectious Disease Risk Addendum and the BSAS TB Assessment

Allergies: No Known Allergies **Yes, list below:**
 Food: _____ Medication (including OTC, herbal): _____ Environmental: _____

Physical Health Summary: (Include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person's served functioning.) Mary reported her doctor recently informed her that she is pre-diabetic and about 20 lbs overweight. Mary reported her doctor also encouraged her to quit smoking. Additionally, Mary reported that she is screened 2x a year due to being at a high risk for breast cancer (due to family history).

Sexual History/Concerns: Mary reported no concerns with sexual functioning at this time.

Pain Screening:
 Does the person experience pain currently? Yes No Has the person experienced pain in past few months? Yes No
 Describe the type, frequency, duration, intensity, identified cause, any limitations to functioning and what helps relieve the pain:
 N/A

Nutritional Screening: (check all that are reported)
 Special diet? (e.g. diabetic, celiac) Follows special diet? Yes No Medications affecting nutritional status
 Weight gain/loss of 10 pounds or more without specific diet Change in appetite
 Binging Purging Use of laxatives Intense focus on weight, body size, calorie intake, exercise

Beliefs, perceptions, attitude, behaviors regarding food: Mary reports she has recently began to adjust her diet in order to decrease her chances of developing Type 2 Diabetes.

Medication Summary

Medication information and history of adverse reactions: (Include what medications work well and 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): Mary reported not liking taking medications, but not having adverse reactions to any medications in particular.

Is the person served currently taking any medication No Yes; **If yes, complete and attach the Medication Addendum**

Advanced Directive

Does the person have advanced directive established No Yes
 If yes, what type? Living Will Power of Attorney Health Care Proxy Other: _____
 If no, does the person wish to develop them at this time? No Yes / If yes, follow agency's procedure for completion

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 the answer to either of the above questions is yes, complete and attach the Trauma History Addendum.



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| Mental Status Exam – (WNL = Within Normal Limits) (**) – If Checked, Risk Assessment is Required | | | | | |
| Appearance/ Clothing: | <input type="checkbox"/> WNL | <input type="checkbox"/> Neat and appropriate | <input type="checkbox"/> Physically unkempt | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Out of the Ordinary |
| Eye Contact: | <input type="checkbox"/> WNL | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Intense | <input type="checkbox"/> Intermittent | |
| Build: | <input type="checkbox"/> WNL | <input type="checkbox"/> Thin | <input type="checkbox"/> Overweight | <input type="checkbox"/> Short | <input type="checkbox"/> Tall |
| Posture: | <input type="checkbox"/> WNL | <input type="checkbox"/> Slumped | <input type="checkbox"/> Rigid, Tense | <input type="checkbox"/> Atypical | |
| Body Movement: | <input type="checkbox"/> WNL | <input type="checkbox"/> Accelerated | <input type="checkbox"/> Slowed | <input type="checkbox"/> Peculiar | <input type="checkbox"/> Restless <input type="checkbox"/> Agitated |
| Behavior: | <input type="checkbox"/> WNL | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Overly Compliant | <input type="checkbox"/> Withdrawn <input type="checkbox"/> Sleepy |
| | <input type="checkbox"/> Silly | <input type="checkbox"/> Avoidant/Guarded/Suspicious | <input type="checkbox"/> Nervous/ Anxious | <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Restless <input type="checkbox"/> Demanding |
| | <input type="checkbox"/> Controlling | <input type="checkbox"/> Unable to perceive pleasure | <input type="checkbox"/> Provocative | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Impulsive <input type="checkbox"/> Agitated |
| | <input type="checkbox"/> Angry | <input type="checkbox"/> Assaultive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Compulsive | <input type="checkbox"/> Relaxed |
| Speech: | <input type="checkbox"/> WNL | <input type="checkbox"/> Mute | <input type="checkbox"/> Over-talkative | <input type="checkbox"/> Slowed | <input type="checkbox"/> Slurred <input type="checkbox"/> Stammering |
| | <input type="checkbox"/> Rapid | <input type="checkbox"/> Pressured | <input type="checkbox"/> Loud | <input type="checkbox"/> Soft | <input type="checkbox"/> Clear <input type="checkbox"/> Repetitive |
| Emotional State-Mood (in person's words): | <input type="checkbox"/> WNL | <input type="checkbox"/> Not feeling anything | <input type="checkbox"/> Irritated | <input type="checkbox"/> Happy | <input type="checkbox"/> Angry <input type="checkbox"/> Hostile |
| | <input type="checkbox"/> Depressed, sad | <input type="checkbox"/> Anxious | <input type="checkbox"/> Afraid, Apprehensive | | |
| Emotional State-Affect | <input type="checkbox"/> WNL | <input type="checkbox"/> Constricted | <input type="checkbox"/> Changeable | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Flat |
| | <input type="checkbox"/> Full | <input type="checkbox"/> Blunted, unvarying | | | |
| Facial Expression | <input type="checkbox"/> WNL | <input type="checkbox"/> Anxiety, fear, apprehension | <input type="checkbox"/> Sadness, depression | <input type="checkbox"/> Anger, hostility, irritability | |
| | <input type="checkbox"/> Elated | <input type="checkbox"/> Expressionless | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Unvarying | |
| Perception: | <input type="checkbox"/> WNL | | | | |
| <i>Hallucinations-</i> | <input type="checkbox"/> Tactile | <input type="checkbox"/> Auditory | <input type="checkbox"/> Visual | <input type="checkbox"/> Olfactory | <input type="checkbox"/> Command ** |
| Thought Content: | <input type="checkbox"/> WNL | | | | |
| <i>Delusions-</i> | <input type="checkbox"/> None Reported | <input type="checkbox"/> Grandiose | <input type="checkbox"/> Persecutory | <input type="checkbox"/> Somatic | <input type="checkbox"/> Illogical <input type="checkbox"/> Chaotic |
| | <input type="checkbox"/> Religious | | | | |
| <i>Other Content-</i> | <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Obsessional | <input type="checkbox"/> Guarded | <input type="checkbox"/> Phobic | <input type="checkbox"/> Suspicious <input type="checkbox"/> Guilty |
| | <input type="checkbox"/> Thought broadcasting | <input type="checkbox"/> Thought insertion | <input type="checkbox"/> Ideas of reference | | |
| Thought Process: | <input type="checkbox"/> WNL | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Decreased thought flow | <input type="checkbox"/> Blocked | <input type="checkbox"/> Flight of ideas |
| | <input type="checkbox"/> Loose | <input type="checkbox"/> Racing | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Concrete | <input type="checkbox"/> Tangential |
| Intellectual Functioning: | <input type="checkbox"/> WNL | <input type="checkbox"/> Lessened fund of common knowledge | <input type="checkbox"/> Impaired concentration | <input type="checkbox"/> Impaired calculation ability | |
| <i>Intelligence Estimate -</i> | <input type="checkbox"/> Develop. Disabled | <input type="checkbox"/> Borderline | <input type="checkbox"/> Average | <input type="checkbox"/> Above average | <input type="checkbox"/> No formal testing |
| Orientation: | <input type="checkbox"/> WNL | Disoriented to: | <input type="checkbox"/> Time | <input type="checkbox"/> Place | <input type="checkbox"/> Person |
| Memory: | <input type="checkbox"/> WNL | Impaired: | <input type="checkbox"/> Immediate recall | <input type="checkbox"/> Recent memory | <input type="checkbox"/> Remote memory <input type="checkbox"/> Short Attention Span |
| Insight: | <input type="checkbox"/> WNL | <input type="checkbox"/> Difficulty acknowledging presence of psychological problems | | <input type="checkbox"/> Mostly blames other for problems | <input type="checkbox"/> Thinks he/she has no problems |
| Judgment: | <input type="checkbox"/> WNL | Impaired Ability to Make Reasonable Decisions: | | | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe** |
| Past Attempts to Harm Self or Others: | <input type="checkbox"/> None Reported | <input type="checkbox"/> Self** | <input type="checkbox"/> Others** | | |
| Self Abuse Thoughts: | <input type="checkbox"/> None reported | <input type="checkbox"/> Cutting** | <input type="checkbox"/> Burning** | <input type="checkbox"/> Other: | |
| Suicidal Thoughts: | <input type="checkbox"/> None reported | <input type="checkbox"/> Passive SI** | <input type="checkbox"/> Intent** | <input type="checkbox"/> Plan** | <input type="checkbox"/> Means** |
| Aggressive Thoughts: | <input type="checkbox"/> None reported | <input type="checkbox"/> Intent** | <input type="checkbox"/> Plan** | <input type="checkbox"/> Means** | |



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|-----------|-----|
| Comments: | N/A |
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Person's Served Strengths/Abilities/Resiliency
 (Skills, talents, interests, aspirations, protective factors)

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| Personal Qualities: (Examples: open, friendly, engaging, motivated, loyal, resourceful, caring, thoughtful) | Mary had difficulty identifying her strengths when first asked. During this evaluation, Mary described ways she cares for others professionally and personally. Mary reported that she is a good singer. She reported being willing to be a part of treatment at this time. |
| Living Situation: (Examples: has maintained long-term stable housing, gets along with living companions) | Mary reports she has been able to maintain stable housing. |
| Financial/Employment/Education: (Examples: graduated HS, attended college, currently working, hx of working, multiple work skills) | Mary reports she has been employed as a nurse in her current position for 8 years. She reports only occasional struggles with finances. |
| Health: (Examples: consistent good health, exercises regularly, self cares for health issues as directed by physician, eats nutritional foods) | Mary reports that she regularly discusses medical concerns with her doctor and sees this as a supportive relationship. |
| Leisure/Recreational/Community Involvement: (Examples: plays a sport, belongs to social group, attends gym, volunteers for Red Cross) | Mary reports that she is considering singing at her church, an activity she has previously enjoyed. |
| Natural Supports: (Examples: Family members, clergy, close friends, neighbors, advisors) | Mary reports having a couple close friends from nursing school. She reports being in contact with her sisters on a monthly basis. |
| Spirituality/Culture/Religion: (Examples: enjoys religious services, participates in cultural events, meet regularly with rabbi) | Mary reports she has recently become involved in a local church, which she has found encouraging. |

Assessed and Prioritized Needs Checklist Including Functional Domains

| Activities of Daily Living | | | | | | | | |
|----------------------------|--------------------------|------------------------------------|--------------------------|--------------------------------|---|--------------------------|--------------------------|------------------------|
| CN = Current Need Area | | | | PD = Person Desires Change Now | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping/Laundry | <input type="checkbox"/> | <input type="checkbox"/> | Money Management | <input type="checkbox"/> | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing Stability | <input type="checkbox"/> | <input type="checkbox"/> | Personal Care Skills (includes Grooming/ Dress) | <input type="checkbox"/> | <input type="checkbox"/> | Problem Solving Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Grocery Shopping/ Food Preparation | <input type="checkbox"/> | <input type="checkbox"/> | Exercise | <input type="checkbox"/> | <input type="checkbox"/> | Time Management |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication Management | <input type="checkbox"/> | <input type="checkbox"/> | Safety/Self Preservation | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | | | | |

Current Needs Selected Above as Evidenced By:



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| Person's Name (First MI Last): Mary Fictitious | Record #: 108250 |
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| Family and Social Supports | | | | | | | | |
|-----------------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication Skill | <input type="checkbox"/> | <input type="checkbox"/> | Family Education (Directed at the exclusive well being of the person served) | <input type="checkbox"/> | <input type="checkbox"/> | Peer/ Personal Support Network |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Integration | <input type="checkbox"/> | <input type="checkbox"/> | Family Relationships | <input type="checkbox"/> | <input type="checkbox"/> | Social/ Interpersonal Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Caretaker Obligation Issues | <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | |

Current Needs Selected Above as Evidenced By: Mary reported that she has had increasing difficulty getting along with her husband. She went on to describe that about once a week after a fight where they were yelling, he sleeps over at a friend's house.

| Legal | | | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------|----|----|--|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal Issues | <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | |

Current Needs Selected Above as Evidenced By:

| Employment/ Education/ Finances | | | | | | | | |
|--|--------------------------|--|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|-----------------------|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Education | <input type="checkbox"/> | <input type="checkbox"/> | Employment/ Volunteer Activities | <input type="checkbox"/> | <input type="checkbox"/> | Meaningful Activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial/Benefits (include VA benefits) | <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | |

Current Needs Selected Above as Evidenced By:

| Addictive Behavior and Substance Use | | | | | | | | |
|---|--------------------------|---|--------------------------|--------------------------|--|----|----|--|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance Use/ Addiction (Tobacco, illicit & licit drugs) | <input type="checkbox"/> | <input type="checkbox"/> | Other Addictive Behaviors (food, gambling, exercise, sex etc.) | | | |

Current Needs Selected Above as Evidenced By: Mary reported having mixed feelings about her tobacco use and stated she has some interest in quitting.



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| Mental Health/ Illness Management-Behavior Management | | | | | | | | |
|---|--------------------------|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|------------------------|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | Dissociation | <input type="checkbox"/> | <input type="checkbox"/> | Lack of Assertiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | Anger/ Aggression | <input type="checkbox"/> | <input type="checkbox"/> | Disturbed Reality (Hallucinations) | <input type="checkbox"/> | <input type="checkbox"/> | Mood Swings |
| <input type="checkbox"/> | <input type="checkbox"/> | Antisocial Behaviors | <input type="checkbox"/> | <input type="checkbox"/> | Disturbed Reality (Delusions) | <input type="checkbox"/> | <input type="checkbox"/> | Obsessions |
| <input type="checkbox"/> | <input type="checkbox"/> | Coping/ Symptom Management | <input type="checkbox"/> | <input type="checkbox"/> | Gender Identity | <input type="checkbox"/> | <input type="checkbox"/> | Oppositional Behaviors |
| <input type="checkbox"/> | <input type="checkbox"/> | Cognitive Problems | <input type="checkbox"/> | <input type="checkbox"/> | Grief/Bereavement | <input type="checkbox"/> | <input type="checkbox"/> | Somatic Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Compulsive Behavior | <input type="checkbox"/> | <input type="checkbox"/> | Hyperactivity/Hypomania | <input type="checkbox"/> | <input type="checkbox"/> | Stress Management |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression/Sadness | <input type="checkbox"/> | <input type="checkbox"/> | Impulsivity | <input type="checkbox"/> | <input type="checkbox"/> | Trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | | | | |

Current Needs Selected Above as Evidenced By: Mary reported that she has experienced 2 episodes which meet criteria of panic attacks in the past month. She also reported that she is concerned about having another "episode."

| Physical Health | | | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|----------------|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Practices | <input type="checkbox"/> | <input type="checkbox"/> | Pain Management | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Diet/Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Health Issues | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | | | | |

Current Needs Selected Above as Evidenced By: Mary reported that her doctor is encouraging her to lose about 20 lbs and stated that she is pre-diabetic. Mary reports she has made some diet changes and "should make more." Mary also reported having difficulty falling asleep most nights of the week.

| Risk | | | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------|
| | | CN = Current Need Area PD = Person Desires Change Now | | | | | | |
| CN | PD | | CN | PD | | CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | High Risk Behaviors | <input type="checkbox"/> | <input type="checkbox"/> | Suicidal Ideation | <input type="checkbox"/> | <input type="checkbox"/> | Homicidal Ideation |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: | | | | | | |

Current Needs Selected Above as Evidenced By:

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



| Other Need Areas | | |
|--|--------------------------|--------|
| CN = Current Need Area PD = Person Desires Change Now | | |
| CN | PD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: |

Current Needs Selected Above as Evidenced By:

Clinical Formulation – Interpretive Summary

This Clinical Formulation is Based Upon Information Provided By (Check all that apply):

| | | | | | |
|--|---|---|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> Person Served | <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Guardian(s) | <input type="checkbox"/> Family/Friend(s) | <input type="checkbox"/> Physician | <input type="checkbox"/> Records |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Service Provider | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Other: | | |

Interpretive Summary: What in your clinical judgment are the need areas, the factors that led to the needs, and your plan to address them?

Mary is a 36 year old, bi-racial (Caucasian/African American) woman seeking services following two panic attacks with racing heartbeat, difficulty breathing, shaking, and chest pain in the past month. Mary meets criteria for Panic Disorder without Agoraphobia as she has had recurrent panic attacks and is concerned about additional attacks. Mary is interested in getting better for herself and her children’s sake. Mary also shared other recent stressors in her life. She reported that she has been diagnosed with pre-diabetes and being overweight in the past 2 months, which is leading her to reconsider her eating and smoking patterns. Mary’s report of smoking more than intended, having unsuccessful efforts to cut down, knowing physical problems which are likely to be caused by smoking, and experiencing withdrawal symptoms between cigarettes meets criteria for Tobacco Dependence with physiological dependence. Mary also reports relational difficulties with her husband in the past 6 months, though she was hesitant to spend too much time talking about that relationship in this first session.

Individual therapy using cognitive behavioral strategies is proposed to help Mary understand and manage anxiety and panic attacks. In particular, treatment will address grounding and relaxation skills around nighttime sleep hygiene to help Mary with falling asleep. Consultation with Mary’s primary care physician will be important due to her health-related goals and the implications of her health concerns on her anxiety. Psychoeducation will be important as Mary seemed pretty unfamiliar with a Panic Disorder and understanding what stressors increase her anxiety. Orientation to the counseling process will be important as Mary has no memory being involved in this type of service and she is unsure of how she will get better in treatment.

Further Evaluations Needed:

| | | | | | |
|---|--------------------------------------|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> None Indicated | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Psychological | <input type="checkbox"/> Neurological | <input type="checkbox"/> Medical | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Visual | <input type="checkbox"/> Auditory | <input type="checkbox"/> Nutritional | <input type="checkbox"/> SU Assessment | |
| <input type="checkbox"/> Other: | | | | | |

Was Outcomes tool administered? Yes No If Yes, specify: TOPS

| Diagnosis: <input type="checkbox"/> DSM Codes (or successor) <input type="checkbox"/> ICD Codes (or successor) | | | |
|---|----------|--------|---|
| Check Primary | Axis | Code | Narrative Description |
| <input type="checkbox"/> | Axis I | 300.01 | Panic Disorder without Agoraphobia |
| <input type="checkbox"/> | | 305.1 | Nicotine Dependence with Physiological Dependence |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | Axis II | V71.09 | No Diagnosis |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | Axis III | | Pre-diabetes, Overweight, High risk for breast cancer |
| <input type="checkbox"/> | Axis IV | | Problems with Primary Support Group |



| | | | |
|--------------------------|--------|-----------------|---|
| <input type="checkbox"/> | Axis V | Current GAF: 60 | Highest GAF in Past Year (if known): 74 |
|--------------------------|--------|-----------------|---|



| | | | | | | |
|---|--------------|--|--------------------------|-----------------------------|-----------------------------|--------------------------|
| Person's Name (First MI Last): Mary Fictitious | | | Record #: 108250 | | | |
| Prioritized Assessed Needs: AC-Active, DE-Person Declined, DF-Deferred, RE-Referred Out (If declined/deferred/referred out, please provide rationale) | | | AC | DE* | DF* | RE* |
| 1. Mary needs to find ways to understand and better manage her panic attacks and anxiety. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Mary needs to improve her physical health (including managing her weight and considering quitting tobacco use per her doctor's recommendations). | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Mary may need additional support or skills in her marital relationship. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person Does Not Want A Need Area Included In The IAP Or The Area Is Deferred/Referred Out Rationale(s) (Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred/Referred Out below). | | | | | | |
| <input type="checkbox"/> None | | | | | | |
| 1. (#2) Mary reported being willing to touch base in treatment about her progress towards her physical health goals; however, she stated that she'd prefer to primarily converse with her primary care doctor about these concerns. Therapist also provided the referral to 1-800-QUIT-NOW if Mary decides she would like telephone support around changing her smoking patterns. | | | | | | |
| 2. (#3) Mary stated that she did not wish to discuss her relationship with her husband as a concern in treatment as she did not see how it was relevant to her anxiety. She stated that if she saw it's relevance later, she may change her mind about this. Therapist will continue to assess and will discuss this with Mary as appropriate and if Mary is interested. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| Person's Service Preferences, Level of Care/Indicated Services Recommendation: Individual outpatient treatment recommended, Begin with weekly and move to every other week as appropriate | | | | | | |
| Person Served/Guardian/Family Response To Recommendations: Mary reported being eager to begin treatment. She stated that she was unsure what was leading to her "episodes," but she wanted to do what she could so that they wouldn't happen again. | | | | | | |
| Person's Signature (Optional, if clinically appropriate) | Date: | Parent/Guardian Signature (If appropriate): | | | Date: | |
| Clinician/Provider - Print Name/Credential: | Date: | Supervisor - Print Name/Credential (if needed): | | | Date: | |
| Clinician/Provider Signature: | Date: | Supervisor Signature (if needed): | | | Date: | |
| Psychiatrist/MD/DO (If required): | Date: | Next Appointment: Date: / / - Time: | | <input type="checkbox"/> am | <input type="checkbox"/> pm | |