

MENTAL HEALTH ASSESSMENT UPDATE

1. **Identifying Information** (age, gender, ethnicity, preferred language, relationship status, sexual orientation, gender identity, living arrangement): _____

2. **Current Mental Health Problem** (current symptoms, behaviors, and stressors): _____

3. **Treatment Update** (since last assessment; include successes and setbacks, progress toward treatment goals, transition plan): _____

4. **Cultural Factors** (e.g., ethnicity, immigration, acculturation, language, religion, sexual orientation, etc.): _____

Do any cultural factors affect client's treatment? YES NO

If yes, describe:

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5. **Client Strengths** (e.g., skills, personality traits, intelligence, resiliency, insight, etc.): _____

6. **Current Medical Status** (medical conditions, medication, primary care physician): _____

7. **Current Substance Use** (e.g., alcohol, stimulants, sedatives, hallucinogens, nicotine, caffeine, OTC, etc.):

8. **Mental Health History** (onset, symptoms, previous treatment): _____

9. **Psychosocial History** (prenatal, childhood, family, social relationships, education, vocation, inter-agency): _____

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

10. **Risk Factors** (CHECK ALL THAT APPLY):

Yes	If yes, please explain:
<input type="checkbox"/> Homicidal/Assaultive	_____
<input type="checkbox"/> Suicidal/Self-Harm	_____
<input type="checkbox"/> Access to Weapons	_____
<input type="checkbox"/> Trauma	_____
<input type="checkbox"/> Neglect/Abuse	_____
<input type="checkbox"/> Domestic Violence	_____
<input type="checkbox"/> Legal Issues	_____
<input type="checkbox"/> Crime/Gang Involvement	_____
<input type="checkbox"/> Runaway	_____
<input type="checkbox"/> Inappropriate/Risky Sexual Behavior	_____
<input type="checkbox"/> Substance Use/Abuse	_____
<input type="checkbox"/> Cognitive Impairment	_____
<input type="checkbox"/> Cultural Isolation	_____
<input type="checkbox"/> Potential for Victimization	_____
<input type="checkbox"/> Risk of Homelessness	_____

Comments: _____

11. **Mental Status Exam** (CIRCLE ALL THAT APPLY):

Appearance:	clean	well-groomed	disheveled	bizarre	malodorous		
Motor:	normal	decreased	agitated	tremors	tics	repetitive	impulsive
Behavior:	cooperative	evasive	uncooperative	threatening	agitated	combative	guarded
Consciousness:	alert	lethargic	stuporous				
Orientation:	person	place	time: [day	month	year]	current situation	
Speech:	normal	slurred	loud	pressured	slow	mute	
Affect:	appropriate	labile	restricted	blunted	flat	congruent	incongruent
Mood:	normal	depressed	anxious	euphoric	irritable	congruent	incongruent
Thought Process:	coherent	tangential	circumstantial	loose	paranoid	concrete	
Delusions:	persecutory	grandiose	referential	somatic	religious		
Hallucinations:	auditory	visual	olfactory	gustatory	tactile		
Intellect:	average	above average	below average				
Memory:	good	poor recent	poor remote	confabulation			
Insight:	good	fair	poor	limited			
Judgment:	good	fair	poor	unrealistic	unmotivated	uncertain	

Comments/Additional Information: _____

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