BAYOU HEALTH BEHAVIORAL HEALTH ASSESSMENT - ADULT

DEMOGRAPHIC INFORMATION

Assessment Date:	Provider/Agency Name:	Provider NPI:	Provider TIN:

Recipient Name: (first, middle, last)	Medicaid Number:

Age:	DOB:	Ethnicity:	Gender:	Gender Expression:	Marital Status:	SSN:

LOCUS:	PRIMARY DIAGNOSIS:

BEHAVIORAL HEALTH HISTORY

I. CHIEF COMPLAINT (Major symptoms, difficulties, and/or Issues as they relate to behavioral health –*in recipient's own words/quoted.*)

II. PRESENTING PROBLEM/HISTORY OF PRESENT ILLNESS (Including recipient's reason for seeking services, precipitating factors, symptoms, behavioral and functioning impacts, onset/course of issues, *current behavioral health providers,* services sought and recipient expectation.)

CURRENT BEHAVIORAL HEALTH PROVIDER NAME:	PHONE NUMBER:

III. PAST PSYCHIATRIC HISTORY (First onset of illness, past diagnostic and treatment history, medications, hospitalizations):

Prior Outpatient Mental Health Treatment: ☐ No; ☐ Yes; Detail:	**Psychiatric Hospitalizations:** ☐ No; ☐ Yes; Detail:

Additional History/Comments:

IV. SUBSTANCE ABUSE/DEPENDENCE (Past use of primary, secondary & tertiary current substance, incl. type, freq, method & age of 1st use.)

Check any/all that apply in past 12 months:

☐ Alcohol Use; ☐ Illegal Drug Use; ☐ Injected Drug Use ; ☐ Tobacco Product Use; ☐ Prescription Drugs Abuse; ☐ Non-Prescription (OTC) abuse; ☐ Alcohol and/or Drug Overdose; ☐ Alcohol and/or Drug Withdrawal; ☐ Problems caused by gambling; ☐ Trouble stopping any substance; ☐ Caffeine Use; ☐ Other/Describe:

Substance Abuse Treatment History: ☐ None; ☐ Outpatient; ☐ Intensive Outpatient; ☐ Residential/Inpatient:; ☐ Detox; ☐ Other/Describe:

SUBSTANCE TYPE Include all use in last 30 days.	AGE OF 1ST USE	YEARS IN LIFETIME	DAYS IN PAST 30	DAYS SINCE LAST USE	AMOUNT	ROUTE OF ADMINISTRATION
						☐ Oral; ☐ Nasal; ☐ Smoking; ☐ Non-IV Injxn; ☐ IV
						☐ Oral; ☐ Nasal; ☐ Smoking; ☐ Non-IV Injxn; ☐ IV
						☐ Oral; ☐ Nasal; ☐ Smoking; ☐ Non-IV Injxn; ☐ IV
						☐ Oral; ☐ Nasal; ☐ Smoking; ☐ Non-IV Injxn; ☐ IV
						☐ Oral; ☐ Nasal; ☐ Smoking; ☐ Non-IV Injxn; ☐ IV

PHYSICAL

V. CURRENT MEDICAL CONDITIONS (Check all that apply)

☐ Pregnant Due date: Prenatal care:

☐ None Reported	☐ Congestive Heart Failure	☐ Asthma	☐ Seizure	☐ Cancer	☐ Underweight
☐ High Blood Pressure	☐ Stroke	☐ Emphysema	☐ Cirrhosis	☐ Chronic Pain	☐ Overweight
☐ Heart Disease	☐ Diabetes	☐ Epilepsy	☐ Digestive Problems	☐ Thyroid Disease	☐ Sexually Transmitted Dz.

☐ Other/Describe:

VI. CURRENT & PAST MEDICATIONS(Including non-psychotropic medications)

Medication Name	**Dose**	**Freq.**	**Route**	**Current**	**COMMENTS** (Reason Prescribed/Response, etc.)
				☐ Yes; ☐ No	
				☐ Yes; ☐ No	
				☐ Yes; ☐ No	

				□ Yes; □ No	
				□ Yes; □ No	
				□ Yes; □ No	
				□ Yes; □ No	
				□ Yes; □ No	
				□ Yes; □ No	
				□ Yes; □ No	

VII. ALLERGIES	□ No Reported Drug or Food Allergies; □ Other/Describe:		
VIII. PRIMARY CARE PHYSICIAN	**NAME**	**PHONE**	**FAX**

IX. ADDITIONAL MEDICAL HISTORY (Diagnosis, Hospitalizations, Surgery, labs values, status of conditions, etc.)

SOCIAL

X. LEGAL STATUS

Current Legal Status: □ None; □ Parole; □ Probation; □ Charges Pending; □ Court-Ordered Outpatient Treatment; □ AOT; □ Judicial; □ Other;
Comment/Detail:

Past Legal Status: □ None; □ DWI; □ Prior Arrests; □ Prior Incarcerations; □ Other;
Comment/Detail:

XI. FAMILY HISTORY (relationship status with relatives, family involvement in treatment, and living status of significant relatives):

Custodial Status: □ Independent Adult; □ Biologic Father; □ Biologic Mother; □ Joint Biologic Parents; □ Gov't/Judicial; □ Other:	**Contact Info:** Name:	Relation	Phone #

Adverse Circumstances in Family of Origin: □ N/A; □ Poverty; □ Criminal Behavioral; □ Mental Illness; □ Substance Use; □ Abuse; □ Neglect; □ Domestic Violence; □ Violence; □ Trauma; □ Divorce
□ Other/Describe:

Family Stress: □ Low Stress; □ Mildly Stressful; □ Moderately Stressful; □ Highly Stressful; □ Extremely Stressful
□ Other/Describe:

Family Supports: □ Highly Supportive; □ Supportive; □ Limited Support; □ Minimal Support; □ No Support
□ Other/Describe:

Additional Comments:

XII. TRAUMA HISTORY

History of Trauma: □ None; □ Experienced; □ Witnessed; □ Abuse; □ Neglect; □ Violence; □ Sexual Assault;
□ Other/Describe:

XIII. LIVING SITUATION (Current status and functioning)

a. Primary Residence: □ Own Home; □ Apartment; □ Relative's Home; □ Group Home; □ Homeless; □ Living with friend/acquaintance
□ Other/Describe:
How long at current residence?
Level of time in community of residence?
Family/Household Composition:
Source of meals/food: **Means of transportation:**
Additional Comments: (Include psychological and social adjustments made to disabilities and/or disorders.)

b. Needs -List what is needed to improve/maintain daily living situation (Ex. Transportation, ability to cook independently, housing subsidy, money in savings, care-giver resource assessment, etc.)

c. Preferences - Include things recipient feels will enhance his/her living situation.

d. Strengths -List assets, service options, and resources the person has to meet needs, including available housing options. (Ex. Knows area, applied for housing subsidy, can live with family member, unpaid care-giver resource available, etc.)

e. Abilities/Interests –Include recipient reported skills, aptitudes, capabilities, talents & competencies that might assist in maintaining or improving living situation.

XIV. LEARNING/WORKING AND FUNCTIONAL STATUS

a. Employment/Education/Rehabilitation Status:

Current source of income:

Estimated Monthly Income Amount:

Highest Grade or Completed/Degree:

Military Status:

Military Trauma: □ No; □ Yes;

Difficulties with Reading/Writing: □ No; □ Yes;

Estimated Literacy Level:

Current Employment Status:

Prior Employment Status:

Assistive Devices utilized/required: □ No; □ Yes;

Additional Comments: (Include psychological and social adjustments made to disabilities and/or disorders.)

b. Current Status & Functioning (Assess ability to fulfill responsibilities, interact with others, capacity self-care, missed activities, work or school due to health, etc.)

Functional Status Impairment Rating: *(From LOCUS Functional Status Evaluation Parameters.)* □ **Minimal;** □ **Mild;** □ **Moderate;** □ **Serious;** □ **Extreme**.

As Evidenced By:

c. Needs - List what is needed to improve/maintain income, employment, education, vocational skills, etc. (Ex. Financial support, new skills, training, education, etc.)

Problems with Basic Needs: □ Food; □ Shelter; □ Clothing; □ Funds; □ Healthcare; □ ADL's

□ Other/Describe:

d. Preferences –Include things recipient feels will enhance functional status with regard to income, employment, learning, literacy, etc.

e. Strengths –List assets, service options, skills & resources recipient has to meet needs. (Ex. Intelligent, motivated, supportive family, education, job experience, interest in furthering education or vocational status, etc.)

f. Abilities/Interests - Include recipient reported skills, aptitudes, capabilities, talents & competencies that might assist in maintaining or improving functional status.

XV. SOCIAL HISTORY AND COMMUNITY INTEGRATION

a. Current status and functioning (Involvement in the community, social supports and activities, social barriers)

Does Recipient feel supported by friends or family? □ Yes; □ No;

Recreational Activities:

Self-Help Activities:

Additional Comments: (Include psychological and social adjustments made to disabilities and/or disorders.)

b. Needs - List what is needed to improve/maintain recreation, social functioning & community integration. (Ex. Meet new people, painting supplies, sports team, improve family relationships etc.)

c. Preferences –Include things recipient feels will enhance or stimulate recreational interests, social functioning & community integration.

d. Strengths -List assets, service options & skills that may enhance socialization & community integration. (Ex. Friendly, athletic, independent, friend plays, paints, past history of compliance in treatment, signs of resilience despite past adversity, etc.)

e. Abilities/Interests - Include recipient reported skills, aptitudes, talents & competencies that may help maintain or improve socialization & community functioning.

CURRENT STATUS

XVI. MENTAL STATUS EXAMINATION *(Circle or Check all that apply.)*

a. GENERAL APPEARANCE □ Healthy; □As stated Age; □ Older Than Stated Age; □ Young-looking; □ Tattoos; □ Disheveled; □ Unkempt; □ Malodorous; □ Thin; □ Overweight; □Obese; □ Other/Describe:

b. BEHAVIOR & PSYCHOMOTOR ACTIVITY □ Normal; □ Overactive; □ Hypoactive; □ Catatonia; □ Tremor; □ Tics; □ Combative; □ Abnormal Gait ; □ Other/Describe:

c. ATTITUDE □ Optimal; □ Constructive; □ Motivated; □ Obstructive; □ Adversarial; □ Inaccessible; □ Cooperative; □ Seductive; □ Defensive; □ Hostile; □ Guarded; □ Apathetic; □ Evasive; □ Other/Explain:

d. SPEECH □ Normal; □ Spontaneous; □ Slow; □ Impoverished; □ Hesitant; □ Monotonous; □ Soft/Whispered; □ Mumbled; □ Rapid; □ Pressured; □ Verbose; □ Loud; □ Slurred; □ Impediment; □ Other/Describe:

e. MOOD: □ Dysphoric; □ Euthymic; □ Expansive; □ Irritable; □ Labile; □ Elevated; □ Euphoric; □ Ecstatic; □ Depressed; □ Grief/mourning; □ Alexithymic; □ Elated; □ Hypomanic; □ Manic; □ Anxious; □ Tense; □ Other/Describe:

f. AFFECT □ Appropriate; □ Inappropriate; □ Blunted; □ Restricted; □ Flat; □ Labile; □ Tearful; □ Intense; □ Other/Describe:

g. PERCEPTUAL DISTURBANCES □ None; Hallucinations: □ Auditory; □ Visual; □ Olfactory; □ Tactile; □ Other/Describe:

h. THOUGHT PROCESS □ Logical/Coherent; □ Incomprehensible; □ Incoherent; □ Flight of Ideas; □ Loose Associations; □ Tangential; □ Circumstantial; □ Rambling; □ Evasive; □ Racing Thoughts; □ Perseveration; □ Thought Blocking; □ Concrete; □ Other/Describe:

i. THOUGHT CONTENT □ Preoccupations; □ Obsessions; □ Compulsions; □ Phobias; □ Delusions; □ Thought Broadcasting; □ Thought Insertion; □ Thought Withdrawal; □ Ideas of Reference; □ Ideas of Influence; □ Delusions; □ Other/Describe:

j. SUICIDAL/HOMICIDAL IDEATION □ Suicidal Thoughts; □ Suicidal Attempts; □ Suicidal Intent; □ Suicidal Plans; □ History of Self-Injurious Behavior □ Homicidal Thoughts; □ Homicidal Attempts; □ Homicidal Intent; □ Homicidal Plans; □ Other/Describe:

k. SENSORIUM/COGNITION □ Alert; □ Lethargic; □ Somnolent; □ Stuporous; **Oriented to:** □ Person; □ Place; □ Time; □ Situation; □ Normal Concentration; □ Impaired Concentration; □ Other/Describe:

l. MEMORY **Remote Memory:** □ Normal; □ Impaired; **Recent Memory:** □ Normal; □ Impaired; **Immediate Recall:** □ Normal; □ Impaired □ Other/Describe:

m. INTELLECTUAL FUNCTIONING (Estimate) □ Above Avg.; □ Normal/Avg.; □ Borderline; Intellectual Disability □ Mild; □ Moderate; □ Severe □ Other/Describe:

n. JUDGEMENT □ Critical Judgment Intact; □ Impaired Judgment; □ Other/Describe:

o. INSIGHT □ True Emotional Insight; □ Intellectual Insight; □ Some Awareness of Illness/symptoms; □ Impaired Insight; □ Denial; □ Other/Describe:

p. IMPULSE CONTROL □ Able to Resist Impulses; □ Recent Impulsive Behavior; □ Impaired Impulse Control; □ Compulsions; □ Other/Describe:

XVII. RISK ASSESSMENT: Assess potential risk of harm to self or others, including patterns of risk behavior and/or risk due to personality factors, substance use, criminogenic factors, exposure to elements, exploitation, abuse, neglect, suicidal or homicidal history, self-injury, psychosis, impulsiveness, etc.

a. Risk of Harm to Self: □ Prior Suicide Attempt; □ Stated Plan/Intent; □ Access to means (weapons, pills, etc.); □ Recent Loss; □ Presence of Behavioral Cues (isolation, giving away possessions, rapid mood swings, etc.); □ Family History of Suicide; □ Terminal Illness; □ Substance Abuse; □ Marked lack of support; □ Psychosis; □ Suicide of friend/acquaintance; □ Other/Describe:

b. Risk of Harm to Others: □ Prior acts of violence; If yes, when was most recent violent act? _____; □ Destruction of property; □ Arrests for violence; □ Access to means (weapons); □ Substance use; □ Physically abused as child; □ Was physically abusive as a child; □ Harms animals; □ Fire setting; □ Angry mood/agitation; □ Prior hospitalizations for danger to others; □ Psychosis/command hallucinations; If yes, is there a history of acting on any commands to harm others? □ Yes □ No; □ Other/Describe:

c. Risk of Harm to Self or Others Rating: *(From LOCUS Risk of Harm Evaluation Parameters.)* □ **Minimal;** □ **Low;** □ **Moderate;** □ **Serious;** □ **Extreme.**
As Evidenced By:

d. Recipient Safety & Other Risk Factors: □ Feels unsafe in current living environment; □ Feels currently being harmed/hurt/abused/threatened by someone; □ Engages in dangerous sexual behavior; □ Past involvement with Child or Adult Protective Services; □ Relapse/decompensation triggers; □ Other/Describe:

e. Describe recipient's **preferences and desires** for addressing risk factors, including any Mental Health Advance Directives or plan of response to periods of decompensation/relapse (Ex. Resources recipient feels comfortable reaching out to for assistance in a crisis.):

XVIII. CULTURAL AND LANGUAGE PREFERENCES (Language, Customs/Values/Preferences)

a. Spiritual Beliefs/Preferences:

b. Cultural Beliefs/Preferences:

BAYOU HEALTH BEHAVIORAL HEALTH ASSESSMENT - ADULT

XIX.	**PRINCIPAL DIAGNOSES** (Provide principle behavioral and medical diagnoses)

XX.	**INTERPRETATIVE SUMMARY** *Describe recipient's global preferences/hopes for recovery, recommended treatments/assessments, level of care, duration. Include clinical/central theme, co-occurring disabilities, environmental and personal supports/needs.*

IDENTIFIED NEEDS

1.
2.
3.
4.
5.

RECCOMMENDED SERVICES

MH Services: ☐ ACT ☐ CPST ☐ PSR-Individual ☐ PSR-Group ☐ PSH

☐ Med Mgt ☐ Outpt Therapy (Ind) ☐ Outpt Therapy (Fam) ☐ Outpt Therapy (Group)

SA Services: ☐ Residential Tx ☐ Halfway House ☐ IOP ☐ Ambulatory Detox

☐ Outpt Therapy (Ind) ☐ Outpt Therapy (Fam) ☐ Outpt Therapy (Group)

Other (with explanation):

SIGNATURE

PRINTED NAME OF ASSESSOR	SIGNATURE	LMHP STATUS	DATE