Psychiatric Evaluation Update

This form is to be completed by a psychiatrist, NPP, or other professional with a credential in psychiatry and who has prescribing privileges.

Data Field	Individual's Demographic Information
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. **(e.g. MM/DD/YYYY)**
Data Field	**Brief Interval History**
Brief Interval History	Provide documentation of information since the last evaluation (i.e., hospitalizations, suicide/homicide attempts/gestures, risk factors, changes in clinical status/treatment, adherence with treatment, medical illnesses, etc.)
Data Field	**Mental Status**
Mental Status Exam	If completing Mental Status Evaluation Addendum, check the box on top, Refer to Attached Mental Status Evaluation. If not completing the addendum, provide a thorough written narrative below and answer the current risk related questions Consider the following: • Avoid judgmental perceptions. • Take into account cultural differences. • Think of creating a picture of the individual served so that anyone reading the results of the exam would be able to clearly perceive the individual just as you do. Assessment items are "in the moment"; in other words, as the individual presents to you at the present time. There are other sections of the assessment form that address historical information. If individual did not report any Danger To Self/Others, check the box. If any of the current risk related questions are checked, complete and attach the Risk Assessment Addendum.
Data Field	**For Children/Adolescents**
For Children/Adolescents	Complete for individuals under the age of eighteen. Record responses and note any significant changes since last evaluation.
Reported side effects/adverse drug reactions/other comments on current or past medication	Document any side effects/adverse comments. Refer to medication log for medication orders.

Data Field	Diagnoses
Diagnosis:	This section is used to record all current diagnoses that will provide the documented support for the medical necessity of services that will be provided for the individual. Diagnoses can be recorded in either ICD CM codes and narrative, or DSM codes and narrative. Check the applicable box at the top of the *Diagnosis* section to indicate if you are using ICD or DSM codes. **DSM Diagnostic Codes**: List codes next to appropriate Axis designation using DSM coding conventions. All five axes can be recorded in this section. Next to each code, complete a narrative description from the DSM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode. Each agency should have adequate internal processes to ensure the diagnostic impression recorded in the Comprehensive Assessment is reconciled with the diagnoses in the Psychiatric Evaluation. **ICD CM Codes:** List codes in appropriate order using ICD coding conventions. Next to each code, complete a narrative description of the code from the ICD CM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode.
Data Field	**Prioritized Assessed Needs**
Prioritized Assessed Needs	Based on information obtained in the evaluation, identify and record Assessed Needs of the individual. Assessed needs are not services or interventions but distressing symptoms, maladaptive behaviors, functional deficits, support deficits, etc. that prevent the individual from assuming desired life roles. To the right of each identified need check the appropriate box indicating whether the need is “Active” (i.e. will be addressed in the IAP), “Person Declined” (i.e. the individual chooses not to address this need at this time), “Deferred” (i.e. the Individual and clinician have determined not to address the need until a later time), or “referred” (i.e. the need requires referral to another program, service, or practitioner). In some cases there may be high need areas that cannot be declined or deferred without risk to the individual and must stay on the list as a treatment need. These should be the exceptions to the person-centeredness of this negotiation. These identified needs will be considered the basis for subsequent treatment goals and/or objectives and all recommendations and needs will be geared toward improving the functioning of the individual in life roles or reducing the distressing symptoms of his/her illness. **Examples: Debilitating depressive symptoms that result in isolation. Problems controlling anger. Repeated relapses with alcohol and drugs. Psychotic symptoms (i.e. delusions, hallucinations) that interfere with individual’s ability to manage wellness and resume desired life roles. Social skills challenges that result isolation. Challenges with ADL skills that interfere with individual’s ability to integrate into the community. Lack of social supports to help individual in recovery. Self destructive thoughts/behaviors that threaten the individual’s survival and ability to pursue desired roles.**
Individual Declined/Deferred/Referred Out Rationale(s)	Describe reasoning behind worker’s decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by individual served to decline a recommendation at this time.

Data Field	Signatures
Individual Served Signature	Signature of the individual served (optional).
Guardian Signature	Signature of the parent/guardian of the individual served (optional).
Physician/NPP – Print Name/Credential, Signature, and Date	Legibly print name, credential(s), and signature of individual completing the Comprehensive Assessment. Record the date of signature.
Supervisor/Team Leader – Print Name/Credential, Signature, and Date (if needed)	Legibly print name, credential(s), and signature of the clinical Supervisor/Team Leader reviewing the Comprehensive Assessment and record the date of signature. (if needed)