

## INITIAL ASSESSMENT UPDATE V2

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:  
 Reason For Assessment:

Assessment End Date:  
 Carried Out By:

### Presenting Problem

Include any description of the presenting problem(s) described by the client and others concerned.

### Update Since Last Assessment

### Mental Status

Include general appearance and presentation, psychomotor behaviour, speech, affect and mood, intellectual performance and thought content.

### Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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## MH INITIAL AX UPDATE V2

Name:

PARIS ID:

### Substance Use [MRR]

Substance Use:

☐

Not Assessed

☐

No Identified Issues

Prim	Substance	Primary Route	Date Last Used	# Days of use in last 30 Days	Typical Day Amt Used	Age at First Use	Current Pattern	Stage of Change
<input type="checkbox"/>	Alcohol							
<input type="checkbox"/>	Non-beverage Alcohol							
<input type="checkbox"/>	Tobacco							
<input type="checkbox"/>	Cannabis							
<input type="checkbox"/>	Crack Cocaine							
<input type="checkbox"/>	Cocaine							
<input type="checkbox"/>	Heroin							
<input type="checkbox"/>	Opioids:							
<input type="checkbox"/>	Opioids:							
<input type="checkbox"/>	Benzos:							
<input type="checkbox"/>	Benzos:							
<input type="checkbox"/>	Crystal Meth							
<input type="checkbox"/>	Amphetamines							
<input type="checkbox"/>	Club Drugs:							
<input type="checkbox"/>	Hallucinogens:							
<input type="checkbox"/>	Inhalants:							
<input type="checkbox"/>	Over-the-Counter Drugs (exc. codeine):							
<input type="checkbox"/>	Other Prescription Drugs (exc. opioids):							
<input type="checkbox"/>	Other:							
<input type="checkbox"/>	Other:							

Has client shared needles with other users within the last 30 days?

☐ Yes

☐ No

☐ Unknown

☐ Not Applicable

### Substance Use Comments

## MH INITIAL AX UPDATE V2

Name:

PARIS ID:

### Treatment Plan

Specify goals for treatment and rehabilitation, including client's formulation of his or her goals, degree of client's agreement and motivation and anticipated length of therapeutic involvement.

### Needs

Need	Post to C/P	Processed	Comments
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### HoNOS: Adult and 65+ [MRR]

HoNOS Score Sheet- Adult and 65+

Health of the Nation Outcome Scales (HoNOS) © Royal College of Psychiatrists 1996;

Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) © Royal College of Psychiatrists 1999

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### HoNOS: Adult and 65+

Severity  
(0-4,9)

1. Overactive, aggressive, disruptive or agitated behaviour
2. Non-accidental self-injury
3. Problems drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
7. Problems with depressed mood
8. Other mental and behavioural problems  
Disorder (A B C D E F G H I or J):  
Specify:
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

### HoNOS Comments

### Other People Involved

### Copies To Be Sent To:

## MH INITIAL AX UPDATE V2

Name:	PARIS ID:
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### Other Authorizers

Other Authorizer:

Date:

Other Authorizer:

Date:

### Authorization Details

Carried Out By:

Date:

Closing Authorizer:

Date:

Notes:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----