

MHSU ASSESSMENT V2

Name:		PARIS ID:	
DOB:	Age:	PHN:	
Gender:		Phone:	
Home Address:		GP/NP:	GP/NP Phone:

Assessment Start Date: _____ **Assessment End Date:** _____
Reason For Assessment: _____ **Carried Out By:** _____

Name:	PARIS ID:
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Allergies - Current 						
Date Entered	Allergen	Category	Source	Reaction	Reaction Details	

Other People Involved

Copies To Be Sent To

Name:

PARIS ID:

Assessment

Referral Reason & Presenting Situation:

History of Presenting Situation/History of Presenting Illness:

Physical & Medical History:

Medications:

Name:

PARIS ID:

Assessment (continued)

Psychiatric History/Mental Health History:

Substance Use, Treatment & Supports:

Family Medical & Psychiatric History:

Personal & Social History:

Name:

PARIS ID:

Assessment (continued)

Legal History:

Mental Status:

Risks:

Name:

PARIS ID:

Substance Use

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
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- Alcohol
- Non-beverage Alcohol
- Tobacco
- Cannabis
- Crack Cocaine
- Cocaine
- Heroin
- Opioids:
- Opioids:
- Benzos:
- Benzos:
- Crystal Meth
- Amphetamines
- Club Drugs:
- Hallucinogens:
- Inhalants:

- Over-the-Counter Drugs (exc. codeine)

- Other Prescription Drugs (exc. opioids)

- Other:

- Other:

Has client shared needles with other users within the last 30 days? Yes No Unknown Not Applicable

Substance Use Comments

Name:

PARIS ID:

Assessment Summary & Treatment Recommendations

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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HoNOS: Adult and 65+

HoNOS Score Sheet- Adult and 65+

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HoNOS: Adult and 65+

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

Severity
(0-4,9)

Name:

PARIS ID:

HoNOSCA: Child and Adolescent

HoNOSCA Score Sheet- Child and Adolescent

Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) © Royal College of Psychiatrists 1999

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HoNOSCA: Child and Adolescent

**Severity
(0-4,9)**

Section A

- 1. Disruptive, antisocial or aggressive behaviour
- 2. Overactivity, attention and concentration
- 3. Non-accidental self-injury
- 4. Alcohol, substance/solvent misuse
- 5. Scholastic or language skills
- 6. Physical Illness or disability problems
- 7. Hallucinations and delusions
- 8. Non-organic somatic symptoms
- 9. Emotional and related symptoms

Disorder (A B C D E F G H or I):

Specify:

- 10. Peer relationships
- 11. Self care and independence
- 12. Family life and relationships
- 13. Poor school attendance

Section B

- 14. Lack of Knowledge- nature of difficulties
- 15. Lack of information- services/management

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 -----