

PSYCHIATRIC ASSESSMENT V3

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

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

Other People Involved

Copies To Be Sent To:

Identifying Data / Reason for Referral / Chief Complaint

History of Present Illness

Current Medications

Substance Use History

PSYCHIATRIC ASSESSMENT

Name:

PARIS ID:

Past Psychiatric History

Medical Problem List / Past Medical History / Procedures & Surgical History

Diagnostic Results & Lab Results

Psychosocial & Family History

Legal History

Mental Status Exam

PSYCHIATRIC ASSESSMENT

Name:

PARIS ID:

Diagnostic Impression

Assessment / Treatment Plan

PSYCHIATRIC ASSESSMENT

Name:

PARIS ID:

Risk Assessment

Thoughts of suicide

Plan of suicide: Yes No Unknown

Intent to die: Yes No Unknown

Previous suicide attempts: Yes No Unknown

Family history of suicide: Yes No Unknown

Comments

Thoughts of violence

Plan: Yes No Unknown

Imminent threat of violence: Yes No Unknown

Potential victim: Yes No Unknown

Previous violence: Yes No Unknown

Access to weapons: Yes No Unknown

Comments

Other risk factors

Substance Abuse: Yes No Unknown

Aggressive Behaviour: Yes No Unknown

Personality Disorder: Yes No Unknown

Others (please list): Yes No Unknown

Comments

Protective factors

Regular Contact with Health Care Provider / Team: Yes No Unknown

Good Medication Adherence: Yes No Unknown

Others (please list): Yes No Unknown

Comments

PSYCHIATRIC ASSESSMENT

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Risk Assessment (continued)

Adult guardianship

- Abuse: Yes No Unknown
Self-Neglect: Yes No Unknown
Neglect: Yes No Unknown

Comments

FOR OLDER ADULTS (If yes, specify in comments)

- Representation Agreement: Yes No Unknown
Power of Attorney: Yes No Unknown
Advanced Directive: Yes No Unknown
Instrumental Activities of Daily Living (IADL): Yes No Unknown
Activities of Daily Living (ADL): Yes No Unknown

Comments

MHA Minimum Reporting Requirements [MRR]

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service:

- Yes, indicated by client No
 Yes, indicated by other trusted source Unknown/not asked

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours:

- Yes, indicated by client No
 Yes, indicated by other trusted source Unknown/not asked

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Allergies - Current	<i>Content may have been entered/updated after assessment completed.</i>
Date Entered	Allergen
Category	Source
Reaction	Reaction Details

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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 Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) © Royal College of Psychiatrists 1999
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Severity
(0-4,9)

- 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) A - Phobias _____
9. Problems with relationships _____
 10. Problems with activities of daily living _____
 11. Problems with living conditions _____
 12. Problems with occupation and activities _____

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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	0
2. Overactivity, attention and concentration	0
3. Non-accidental self-injury	0
4. Alcohol, substance/solvent misuse	0
5. Scholastic or language skills	0
6. Physical illness or disability problems	0
7. Hallucinations and delusions	0
8. Non-organic somatic symptoms	0
9. Emotional and related symptoms	0
Disorder (A B C D E F G H or I): A - Depression	
10. Peer relationships	0
11. Self care and independence	0
12. Family life and relationships	0
13. Poor school attendance	0

Section B

14. Lack of Knowledge- nature of difficulties	0
15. Lack of information- services/management	0

HoNOS Comments

PSYCHIATRIC ASSESSMENT

Name:

PARIS ID:

Other Authorizers

Other Authorizer:

Date:

Other Authorizer:

Date:

Authorization Details

Carried Out By:

Date:

Closing Authorizer:

Date:

Notes:

Casenotes

May have been added after assessment completed.