

## PSYCHOLOGICAL ASSESSMENT V2

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

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

### MHA Minimum Reporting Requirements [MRR]

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

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, indicated by client               | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, indicated by other trusted source | <input type="checkbox"/> Unknown/not asked |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, indicated by client               | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, indicated by other trusted source | <input type="checkbox"/> Unknown/not asked |

### Assessment Details

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

### Needs

Need	Post to C/P	Processed	Comments
------	-------------	-----------	----------

### Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
------	----------------	-----------	-------	--------	----------

## PSYCHOLOGICAL ASSESSMENT 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

## PSYCHOLOGICAL ASSESSMENT V2

Name:

PARIS ID:

### 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

Used with permission of the Royal College of Psychiatrists

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):  
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:

### 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 -----