

SAFER INITIAL ASSESSMENT V2

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

Assessment Start Date:

Assessment End Date:

Reason for Assessment:

Carried Out By:

Referring Source and Presenting Problem

Include the name of the referring agent and any description of the presenting problems described by the referral source, the client and others concerned.

History Of Presenting Problem

Include a description of the onset and development of the presenting problems, fluctuations in their severity and their impact on the individual's life and environment. Identify collateral information as such. Include other professionals and agencies and their involvement.

Suicide Risk Assessment

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

- | | |
|---|--|
| <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 |

Medical History

Include a description of medical history (childhood and adult), surgical history (childhood and adult), accidents (including brain injuries), obstetrical history (as applicable), and medications (current and past).

MENTAL HEALTH INITIAL ASSESSMENT - SAFER V2

Name:	PARIS ID:
-------	-----------

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

Psychiatric History

Include a description of past psychiatric illness including hospitalizations.

Family History

Include family background, family strengths, description of each parent, description of siblings and family history of mental illness

Personal History

Include significant infancy and childhood milestones (including separations), educational history, vocational history, social history, relationships, present lifestyle and circumstances, forensic and legal history, abuse or neglect, history of self/harm/suicidal ideation.

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

- | | |
|---|--|
| <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 |

Pregnancy [MRR]

Date Recorded	N/A	Currently Pregnant?	Pregnancy in the last two years?	Recorded By	Team Name
---------------	-----	---------------------	----------------------------------	-------------	-----------

Parenting [MRR]

Date Recorded	Currently Parenting?	Recorded By	Team Name
---------------	----------------------	-------------	-----------

Criminal Justice [MRR]

Date Recorded	Criminal Justice Involvement	Nature of Involvement	Recorded By	Team Name
---------------	------------------------------	-----------------------	-------------	-----------

MENTAL HEALTH INITIAL ASSESSMENT - SAFER V2

Name:	PARIS ID:
-------	-----------

Legal Status [MRR]

Legal Status Type	Start Date	End Date	Recorded By	Date Recorded	Team Name
-------------------	------------	----------	-------------	---------------	-----------

Mental Status

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

Diagnostic Impression

Include the writer's initial formulation of the relevant dynamics and particular strengths, which may be utilized in treatment. Indicate any additional information required.

Diagnosis

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

MENTAL HEALTH INITIAL ASSESSMENT - SAFER 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
------	-----------	---------------	----------------	-------------------------------	----------------------	------------------	-----------------	-----------------

- 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 Comment

MENTAL HEALTH INITIAL ASSESSMENT - SAFER V2

Name:

PARIS ID:

Intervention/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.

Comments

Needs

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

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

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)

HoNOS Comments

MENTAL HEALTH INITIAL ASSESSMENT - SAFER V2

Name:	PARIS ID:
--------------	------------------

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** -----