

**MENTAL HEALTH VISTA/COPP MID-PROGRAM ASSESSMENT**

<b>Name:</b>		<b>Team:</b>
<b>DOB:</b>	<b>Age:</b>	<b>PARIS ID:</b>
<b>Gender:</b>		<b>PHN:</b>

**Header Details**

Date Started:	End Date:
Carried Out By:	Assessment ID:
Recorded By:	Assoc. Referral ID:

**I Want to Work on**

CODES: 1 = Have skills, use them regularly	4 = Need to develop skills
2 = Have skills, apply them	5 = Not applicable
3 = Developing and practicing new skills	

**Challenging Eating Disorder Behaviours:**

	Rating		
	Previous	New	Comments
1. Binge Eating			
2. Compulsive Exercise			
3. Compulsive Practices			
4. Following Internal Cues			
5. Food Phobias			
6. Laxative Abuse			
7. Purging			
8. Restricting			
9. Other			

**Management of:**

	Rating		
	Previous	New	Comments
10. Anxiety			
11. Change			
12. Compulsive Behaviours			
13. Depression			
14. Drug or Alcohol Abuse			
15. Panic Attacks			
16. Self-abusive Behaviours			
17. Sleep			
18. Stress			
19. Suicidal Thoughts			
20. Other			

**Social Skills:**

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Rating  
Previous    New    Comments

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- 21. Asking for Help
- 22. Assertiveness
- 23. Building a Support Network
- 24. Dealing with Conflict
- 25. Eating with Family and Friends
- 26. Expressing Anger
- 27. Family Relationships
- 28. Making New Friends
- 29. Rebuilding Friendships
- 30. Setting Boundaries and Limits

## Life Skills:

Rating  
Previous    New    Comments

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- 31. Budgeting
- 32. Career Training
- 33. Decision Making
- 34. Education
- 35. Grocery Shopping
- 36. Housekeeping
- 37. Hygiene/Grooming
- 38. Meal Planning
- 39. Meal Preparation
- 40. Problem Solving
- 41. Returning to Work
- 42. Time Management
- 43. Leisure and Recreation

## Summary

## Client Goals and Strategies

## Needs

Need	Post to C/P	Processed	Comments
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## Copies To Be Sent To

## Authorization Details

Carried Out By: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

## Casenote (may have been added after assessment authorized)

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