

Client name:

DOB: NHI:

AFFIX CLIENT LABEL HERE

Assessment

Page one

<p><i>Ethnicity</i> <i>Home and family situation</i> <i>Schooling/ work</i></p>	Demographic Statement	
<p><i>Referrer</i> <i>Referral expectations</i> <i>Client's perception of referral</i> <i>Client's expectations</i></p> <p><i>(Client's Objectives?)</i></p>	Referral Information	
<p><i>Family</i> <i>CAMHS worker</i> <i>School professional</i> <i>Other professional</i> <i>Peers</i></p> <p><i>Consent to contact</i> ✓(date)</p>	Support People	Contact Information
<p><i>Substance use</i></p> <p><i>Mental health</i></p> <p><i>Family functioning</i></p> <p><i>Schooling/work</i></p> <p><i>Peers and leisure time</i></p> <p><i>Risk issues</i></p> <p><i>Protective factors</i> <i>Individual</i> <i>Family</i> <i>community</i> <i>Other</i></p>	Presentation Summary	

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<p><i>Current/usual/past frequency mode</i></p> <p><i>Impact of substance use</i></p> <p><i>Harm</i></p> <p><i>Precipitants to this episode</i></p> <p><i>Pattern and progression of episodes</i></p> <p><i>Life events/Changes</i></p> <p><i>Support/past treatment</i></p> <p><i>Motivation</i></p> <p><i>A&D Timeline/ life events timeline (Document on separate sheet)</i></p>	<p>Substance Use History</p>
<p><i>History of suicide/self harm/ depression</i></p> <p><i>Other mental illness</i></p> <p><i>Previous treatment</i></p> <p><i>Current – mood sleep appetite/diet anger</i></p> <p><i>Mental health History in family</i></p> <p><i>(prompts from HEADSS)</i></p>	<p>Mental Health History</p>
<p><i>General health, Medical conditions i.e. diabetes, epilepsy, asthma, operations, head injuries, infections</i></p>	<p>Medical History</p>

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<p>Name, dose, effects, duration, prescribed by</p>	<p>Medications</p>
<p>Structure of family Genogram (documented on separate sheet) Relationships Substance use Health and MH issues</p>	<p>Family history</p>
<p>Development Birth and development Infancy Early childhood Primary school Abuse/ neglect</p>	<p>Personal history (HEADSS)</p>
<p>Home life Who lives at home Siblings, parents – what are they like? Rules – who makes them? Arguments Activities What would make improvements Cultural group</p>	
<p>Education & employment Schools Subjects/grades Homework Teacher relationships Absents Plans / goals after Work Employer Relationship Future goals</p>	
<p>Activities Friends Same sex/mixed school/ other Hanging out Parties Sports Interests Family time TV (> 2hrs per night) Reading, music Religion</p>	

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<p><i>Appearance and behaviour</i></p> <p><i>Mood and affect</i></p> <p><i>Speech + thought form</i></p> <p><i>Thought content</i></p> <p><i>Ideas/ intent of harm to self/ others</i></p> <p><i>Perceptions</i></p> <p><i>Cognitive and intellectual functioning</i></p> <p><i>Insight</i></p> <p><i>Motivation</i></p>	<p>Mental State Examination:</p>
	<p>Key factors:</p>

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<p><i>Summary of presentation</i></p> <p><i>Main predisposing, precipitating, perpetuating and protective bio – psycho - social factors</i></p> <p><i>Hypothesis</i></p> <p><i>Diagnosis</i></p>	<p>Clinical Formulation:</p>
<p><i>Main risk issue(s)</i></p> <p><i>Self harm/ suicide</i></p> <p><i>Harm to others</i></p> <p><i>Context of risk</i></p> <p><i>Acute/ ongoing</i></p> <p><i>Indicating factors</i></p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Protective</p> <p><i>Categories</i></p> <p><input type="checkbox"/> Community</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family</p>	<p>Risk Statement:</p>

Clinician:

Date:

Stamp & signature

Also complete *Genogram and Timeline (ref RADS01)*.