Opt | For fun, strength and wellbeing

Werry Workforce WHĀRAURAU

Client name: ....

DOB: .... **NHI:** ....

AFFIX CLIENT LABEL HERE

Assessment

Page one

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

Assessment

Page two

Client name: ....

DOB: .... **NHI:** ....

AFFIX CLIENT LABEL HERE

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

Opt | For fun, strength and wellbeing

Werry Workforce WHĀRAURAU

Assessment

Page three

Client name: ....

DOB: .... **NHI:** ....

AFFIX CLIENT LABEL HERE

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

Assessment

Page four

Client name: ....

DOB: .... **NHI:** ....

AFFIX CLIENT LABEL HERE

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

Opt | For fun, strength and wellbeing

Werry Workforce WHĀRAURAU

Assessment

Page five

Client name: ....

DOB: .... **NHI:** ....

AFFIX CLIENT LABEL HERE

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

Clinician: .... Date: ....

Stamp & signature

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