Patient History

The listed vital signs were recorded and reviewed see EMR 'Medical Conditions Review'

ALLERGIES

History Information and Report Obtained From:

- ◯ Patient
- ◯ Patient / LAR / Parent
- ◯ Patient / Other Family
- ◯ Patient / Other Advocate
- ◯ Patient / Other Mental Health Provider
- ◯ Patient / Other Mental Health Provider
- ◯ Patient / Records Review (Summarize in HPA)

Chief Complaint: ☑

History of Present Illness (Click for Help Text) ☑

Suicide Risk Assessment - Columbia Suicide Severity Rating Scale (C-SSRS Screener-Recent) (Within Past 30 Days)

Y	N	Have you wished you were dead or wished you could go to sleep and not wake up?
Y	N	Have you actually had any thoughts of killing yourself?
Y	N	Have you been thinking about how you might kill yourself?
Y	N	Have you had these thoughts and had some intention of acting on them?
Y	N	Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?

Suicide Risk Assessment - Columbia-Suicide Severity Rating Scale (C-SSRS SCREENER RECENT) (Within Past 90 Days)

Y	N	Have you done anything, started to do anything, or prepared to do anything to end your life?

Homicide Risk Assessment

Y	N	Have you had thoughts of killing someone else?
Y	N	Have you started to work out or worked out the details of how to kill them?

Summary of SI/HI Risk

Complete

PHQ-9 ADULT

Previous Score

Scoring KEY

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

1. Little interest in doing things	0 1 2 3
2. Feeling down, depressed, or hopeless	0 1 2 3
3. Trouble falling asleep or staying asleep, or sleeping too much	0 1 2 3
4. Feeling tired or having little energy	0 1 2 3
5. Poor appetite or overeating	0 1 2 3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.	0 1 2 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 1 2 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than ususal.	0 1 2 3
9. Thoughts that you would be better off dead or of hurting yourself.	0 1 2 3

10. If the consumer checked off any problems, how difficult these problems made it for them to do their work, take care of things at home, or get along with other people.

- ◯ Not difficult at all
- ◯ Somewhat difficult
- ◯ Very difficult
- ◯ Extremely difficult

Score

Guide to depression severity

- ◯ 1-4 Minimal Depression
- ◯ 5-9 Mild Depression
- ◯ 10-14 Moderate Depression
- ◯ 15-19 Moderately Severe Depression
- ◯ 20-27 Severe Depression

Today's Date

Complete

PHQ-9 ADOLESCENT

Previous Score

Scoring KEY

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

1. Feeling down, depressed, irritable, or hopeless.	0	1	2	3
2. Little interest or pleasure in doing things.	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much.	0	1	2	3
4. Poor appetitie, weight loss, or overeating.	0	1	2	3
5. Feeling tired or having little energy.	0	1	2	3
6. Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things like school work, reading, or watching TV.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you were moving around a lot more than ususal.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

- ◯ Yes
- ◯ No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ◯ Not difficult at all
- ◯ Somewhat difficult
- ◯ Very difficult
- ◯ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

- ◯ Yes
- ◯ No

Have you EVER, in your whole life, tried to kill yourself or made a suicide attempt?

- ◯ Yes
- ◯ No

Total score

Score Interpretation

- ◯ 0-4 No or Minimal Depression
- ◯ 5-9 Mild Depression
- ◯ 10-14 Moderate Depression
- ◯ 15-19 Moderately Severe Depression
- ◯ Severe Depression

Today's Date

Medical Conditions

Since our last visit, have you had any new medical diagnoses including HIV or Hep B?

- (●) Yes
- ( ) No

Specify new medical diagnosis:

- [ ] HIV
- [ ] Hep B
- [ ] Other (Specify):

Since our last visit, have you had known contact (unprotected sex, shared needles, etc) with someone with HIV or Hep B?

- (●) Yes
- ( ) No

Specify which known contact occurred:

- [ ] HIV
- [ ] Hep B

Have you been tested or sought out treatment?

- ( ) Yes
- (●) No

Would you like more information on how and where to obtain testing?

- (●) Yes
- ( ) No

Any other changes to your medical conditions?

- (●) Yes
- ( ) No

Complete

Review of Systems

(Document pertinent signs & symptoms pt. is experiencing today or has experienced in the past)

Other systems reviewed for pertinent positive/negative signs and symptoms

- [ ] CONSTITUTIONAL
- [ ] EYES
- [ ] EARS/NOSE/THROAT
- [ ] CARDIOVASCULAR
- [ ] RESPIRATORY
- [ ] GASTROINTESTINAL
- [ ] GENITOURINARY
- [ ] MUSCULOSKELETAL
- [ ] INTEGUMENTARY
- [ ] NEUROLOGICAL
- [ ] ENDOCRINE
- [ ] HEMATOLOGIC/LYMPHATIC

Current Review of Systems and Changes Noted [x]

Complete

Adult Eval/Mgmt Exam

Medical Profile

Constitutional Exam

Body Mass Index Screening / Assessment

BMI Not Measured Reason
- ◯ Immobile
- ◯ Measurement Device Capacity Exceeded
- ◯ Refused

BMI Population:
- ◯ Adult - Age 18 or greater
- ◯ Child / Adolescent - Age 3 - 17
- ◯ Not Performed

Weight Change From Previous Visit:
- ◯ Increased
- ◯ Decreased
- ◯ Same
- ◯ N/A

Weight Change in Pounds from Previous Visit:

BMI Calculation Activities Type:
- ◯ Actual
- ◯ Reported

Adult BMI Measurement

Normal Parameters: (Age 18-64 BMI > 18.5 and < 25 kg/m2) (Age 65 and older BMI > 23 and < 30 kg/m2)

Adult Current Visit BMI

Is BMI outside normal parameters for age?
- ◯ Yes
- ◯ No

Adult Follow up Plan BMI Outside Normal Range - (Required above or below normal parameters)

Nutrition counseling provided
- ◯ Yes
- ◯ No

Exercise counseling provided
- ◯ Yes
- ◯ No

Education for weight management provided
- ◯ Yes
- ◯ No

Dietary supplements recommended
- ◯ Yes
- ◯ No

Medication adjustment / change
- ◯ Yes
- ◯ No

Referred to PCP for weight management
- ◯ Yes
- ◯ No

BMI Measurement Comments ☑

Child Eval/Mgmt Exam

Medical Profile

Constitutional Exam

Body Mass Index Screening / Assessment

BMI Not Measured Reason

- ◯ Immobile
- ◯ Measurement Device Capacity Exceeded
- ◯ Refused

BMI Population:

- ◯ Adult - Age 18 or greater
- ◯ Child / Adolescent - Age 3 - 17
- ◯ Not Performed

Weight Change From Previous Visit:

- ◯ Increased
- ◯ Decreased
- ◯ Same
- ◯ N/A

Weight Change in Pounds from Previous Visit:

BMI Calculation Activities Type:

- ◯ Actual
- ◯ Reported

Child/Youth Weight Assessment Measurement

Child/Youth Current Visit BMI Percentile

Nutrition counseling and exercise counseling are required regardless of BMI percentile. Counseling can be therapeutic to address a current problem, as preventive care or as on-going maintenance of past concerns.

Nutrition counseling provided:

- ◯ Yes
- ◯ No

Exercise counseling provided:

- ◯ Yes
- ◯ No

BMI Measurement Comments ☑

Complete

Psych/Mental Exam Status

Mental Status Exam

ORIENTATION

- [ ] Person
- [ ] Place
- [ ] Time
- [ ] Situation

RAPPORT

- [ ] Appropriate
- [ ] Hostile
- [ ] Evasive
- [ ] Distant
- [ ] Inattentive
- [ ] Guarded
- [ ] Shy
- [ ] Poor Eye Contact

APPEARANCE

- [ ] Appropriate
- [ ] Disheveled
- [ ] Unclean
- [ ] Malodorous
- [ ] Unusual Attire
- [ ] Unusual physical characteristics

MOOD

- [ ] WNL
- [ ] Euthymic
- [ ] Depressed
- [ ] Anxious
- [ ] Jocular
- [ ] Labile
- [ ] Irritable/Angry
- [ ] Elation

AFFECT

- [ ] Neutral
- [ ] Euthymic
- [ ] Depressed
- [ ] Anxious
- [ ] Irritable/angry
- [ ] Blunted/flat
- [ ] Labile
- [ ] Euphoric

SPEECH

- [ ] Normal
- [ ] Increased Latency
- [ ] Decreased Rate
- [ ] Poverty
- [ ] Hyperverbal
- [ ] Incoherent
- [ ] Loud
- [ ] Soft
- [ ] Mute
- [ ] Pressured

- [ ] Mumbled
- [ ] Slurred

THOUGHT CONTENT AND PROCESS

- [ ] Coherent
- [ ] Disorganized
- [ ] Delusional
- [ ] Persecution
- [ ] Reference
- [ ] Paranoia
- [ ] Thought insertion
- [ ] Broadcasting
- [ ] Grandiose
- [ ] Circumstantial
- [ ] Tangential
- [ ] Perseveration
- [ ] Loose Associations
- [ ] Clanging
- [ ] Word Salad
- [ ] Impoverished
- [ ] Worthlessness
- [ ] Loneliness
- [ ] Guilt
- [ ] Hopelessness
- [ ] Accusatory
- [ ] Grievance Collecting

HALLUCINATIONS

- [ ] None
- [ ] Auditory
- [ ] Visual
- [ ] Command
- [ ] Tactile
- [ ] Olfactory
- [ ] Internal Sensations

INSIGHT

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Grossly impaired

JUDGEMENT

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Grossly impaired

LANGUAGE

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Grossly impaired

COGNITIVE ATTENTION CONCENTRATION

- [ ] No Gross Deficits
- [ ] Concentration Problems
- [ ] Concrete
- [ ] Abstract
- [ ] Appropriate for Tested IQ
- [ ] Inattentive / Easily Distracted
- [ ] Limited Attention Span
- [ ] Other

PSYCHOMOTOR ACTIVITY

- [ ] Normal
- [ ] Restless
- [ ] Retardation
- [ ] Fidgety
- [ ] Hyperactive/Intrusive

MUSCULOSKELETAL

Muscle Strength / Tone

- ◯ WNL
- ◯ Atrophy
- ◯ Abnormal Movements

Gait and Station

- ◯ No Difficulty
- ◯ Restlessness
- ◯ Staggered
- ◯ Shuffling
- ◯ Unstable

Mental Status Exam Comments: ☑

Complete

Adult Substance Use

AUDIT - C Alcohol Use Disorders Identification Test

1. How often do you have a drink containing alcohol?

A. Never	0
B. Monthly or less	1
C. 2-4 times a month	2
D. 2-3 times a week	3
E. 4 or more times a week	4

2. How many standard drinks containing alcohol do you have on a typical day?

A. 0-2	0
B. 3 or 4	1
C. 5 or 6	2
D. 7 to 9	3
E. 10 or more	4

3. How often do you have six or more drinks on one occasion?

A. Never	0
B. Less than monthly	1
C. Monthly	2
D. Weekly	3
E. Daily or almost daily	4

Total: 0

A = 0 points

B = 1 point

C = 2 points

D = 3 points

E = 4 points

In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.

In women, score of 3 or more is considered positive (same as above).

However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below the recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.

Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

Total score is considered positive or negative for unhealthy alcohol use?

- ◯ Positive
- ◯ Negative

Tobacco Use Screening

Tobacco Use Status (*excluding e-cigarettes*)

---SELECT---

Tobacco products the patient uses / used:

- ☐ Bidis
- ☐ Chewing Tobacco
- ☐ Cigars / Cigarillos

- [ ] Cigarettes
- [ ] Vaping
- [ ] Hookah
- [ ] Kreteks
- [ ] Pipe
- [ ] Snuff

How frequently does the patient use tobacco in a day?

---SELECT---

How soon within waking does patient use tobacco?

---SELECT---

How ready is the patient to quit using tobacco?

---SELECT---

Tobacco cessation education / counseling intervention provided

- ◯ Yes
- ◯ No

Has the patient used illegal drugs or prescription drugs for non-medical reasons within the last month?

- ◯ Yes
- ◯ No

If yes, list:

Substance Use and Tobacco Screening Comments ☑

Complete

Child Substance Use

CRAFFT Part A
During the Past 12 Months, did you:

1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events)
   - ◯ Yes
   - ◯ No
2. Smoke any marijuana or hashish?
   - ◯ Yes
   - ◯ No
3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff)
   - ◯ Yes
   - ◯ No

Did the individual answer 'Yes' to any questions in Part A?

- ◯ Yes
- ◯ No

CRAFFT Part B

(select 1 for Yes and 0 for No)

[1] [0] 1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

[1] [0] 2. Do you ever use alcohol or drugs to relax, feel better or fit in?

[1] [0] 3. Do you ever use alcohol or drugs while you are by yourself, or alone?

[1] [0] 4. Do you ever forget things you did while using alcohol or drugs?

[1] [0] 5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?

[1] [0] 6. Have you ever gotten in trouble while you were using alcohol or drugs?

0 Total Part B Score

CRAFFT Scoring:
Each 'Yes' response in PART B scores 1 point. A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Tobacco Use Screening

Tobacco Use Status (*excluding e-cigarettes*)
---SELECT---

Tobacco products the patient uses / used:

- ☐ Bidis
- ☐ Chewing Tobacco
- ☐ Cigars / Cigarillos
- ☐ Cigarettes
- ☐ Vaping
- ☐ Hookah
- ☐ Kreteks
- ☐ Pipe
- ☐ Snuff

How frequently does the patient use tobacco in a day?
---SELECT---

How soon within waking does patient use tobacco?
---SELECT---

How ready is the patient to quit using tobacco?
---SELECT---

Tobacco cessation education / counseling intervention provided

- ◯ Yes
- ◯ No

Substance Use and Tobacco Screening Comments/Referrals

Medications

MEDICATION USAGE REVIEW

AIMS Score

- (●) Positive
- ( ) Negative
- ( ) N/A
- ( ) Unable to perform due to visit type COVID 19

Date Last Done

Pre-Existing Medications for Medication Reconciliation Reviewed this Visit

- ( ) Yes
- ( ) No

PDMP Database Reviewed

---SELECT---

Has the patient taken any over the counter medications, herbal supplements or vitamins etc.?

- ( ) Yes
- ( ) No

If Yes, Please List:

RISK FACTORS / RATIONAL OR RISK ASSESSMENT:

On more than 2 anti-psychotics

- (●) Yes
- ( ) No

Benzodiazepine Usage

- (●) Yes
- ( ) No

Education on Risk

- ( ) Yes
- ( ) No
- ( ) N/A

Controlled Meds (Include Other Provider)

- (●) Yes
- ( ) No

Education on Risk

- (●) Yes
- ( ) No

Plan / Recommendations

Most Recent Lab Information

Lab Information Reviewed and/or Lab Tests Ordered

- ◯ Yes
- ◯ No

Comments

Date Drawn

WNL

- ◯ Yes
- ◯ No
- ◯ N/A - See Comments

Plan / Recommendations / Referrals

Problem (1)

Status

Plan ☑

Problem (2)

Status

Plan ☑

Problem (3)

Status

Plan ☑

Problem (4)

Status

Plan

Treatment Plan Comments

RETURN TO:

- [ ] Nurse
- [ ] NP
- [ ] PA
- [ ] Doctor
- [ ] N/A - Discharged

IN WEEKS:

Complete

Diagnostic Review

Current Diagnosis on File

Reason for Action*

R69 Axis Level

- [ ] Axis Level 1
- [ ] Axis Level 2
- [ ] Axis Level 3

Current Adaptive Behavioral Level [required if Principal Diagnosis is IDD]

Potential Adaptive Behavioral Level [required if Principal Diagnosis is IDD]

IQ Test Score

IQ Test Type

IQ Test Date

SQ Test Score

SQ Test Type

SQ Test Date

* ***Indicates required field***

Complete

IDD ONLY

IF COMPLETING THIS SECTION FOR IDD, ALL FIELDS MUST BE COMPLETED.

DIAGNOSIS: MR SUPPLEMENT

Current Adaptive Behavioral Level:

- ◯ Zero
- ◯ One
- ◯ Two
- ◯ Three
- ◯ Four

Potential Adaptive Behavioral Level:

- ◯ Zero
- ◯ One
- ◯ Two
- ◯ Three
- ◯ Four

Adaptive Behavioral Level Date:

ICAP LON:

- ◯ 1
- ◯ 5
- ◯ 6
- ◯ 8
- ◯ 9

ICAP LOS:

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ Any

ICAP Date:

IQ Score:

IQ Test Type:

IQ Test Date:

SQ Score:

SQ Test Type:

SQ Test Date:

Mobility:

Sensory Impairment:

WIZTX03

Complete