# MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS INITIAL INTAKE

Gender

Name:			Case #:		Case:		
Date of Birth	Home Phone	Cu	rrent Admissior	ı			
Address		Primary Program: Case Holder:					
Inde		1. Initial Intake Assessmen	t: Basic Infor	mation - Den	mographics		
<ol> <li>Basic Information</li> <li>Demograph</li> </ol>		Date of Initial Intake Asses	sment	Ţ	ime of Initial Intake	Assessment	
<ul><li>b. <u>Contacts</u></li><li>c. <u>Guardians</u></li></ul>					▼		
Medical Info	ormation	<u>Use Current Date</u>					
3. Health Con		Last Name	7	First Nam	e	MI	
4. Education 8 Employmer		Address			County of Reside	nce	
5. <u>Current Cor</u>							▼
Related Sta					Home Phone		Primary Phone
<ul><li>6. <u>Presenting</u></li><li>7. Risk Assess</li></ul>		City	State Zip	lookup	( ) -	x	© Home
8. Mental Stat			MI		Cell Phone		© Cell
(MI/SED)		,			( )	x	C Alternate
<ol><li>Psychiatric Substance</li></ol>					Alternate Phone		O None
History(MI/					( )   Email	x	
10. Substance (MI/SED)	Abuse Chart						
11. DD Proxy M	Measures	Residential Living Arra	ingement		,		
12. Service Elic	gibility	○ Unknown					
Criteria (DI	<u>)</u>	<ul><li>Living in private reside</li></ul>	nce with natur	al or adoptive	e family member(s)		
<ul><li>13. <u>Diagnosis</u></li><li>14. <u>Disposition</u></li></ul>	/Designation	_				ugo or non role	utivo(a)
15. Send Copy		C Living in private reside			•	use of flori-rela	uve(s).
16. <u>Signatures</u>		O Homeless on the stree		er for the nom	ieless		
		Prison/jail/juvenile dete	ention center				
		Nursing Care Facility		6 - 226 - 1			
		<ul> <li>Institutional setting (co facilities)</li> </ul>					s, state
		<ul> <li>Private residence that</li> </ul>	is owned by P	IHP, CMHSF	P, or contracted provid	ler	
		<ul> <li>Foster family home</li> </ul>					
		<ul> <li>Specialized residential</li> </ul>	home				
		<ul> <li>General residential horizontal</li> </ul>	me				
		Number of Beds in Reside			•		
		©1-3 ©4-6 ©7-15	©16+ <b>©</b> 1	Unknown or I	N/A		
		Date of Birth		SSN	<u> </u>		
		Place Of Birth (city and state	if born in the U	SA, city and co	ountry if born in a foreig	n country)	
		MI Child ID # lookup		Med	licaid ID # lookup		
		Aliases and Other Identifyi	ng Informatio	n that can b	e used to search for	r a consumer	
		characters left: 256					
		Group Home/Residential F	acility looku	clear			

**Marital Status** 

○ Male		0	Divorced	<ul><li>Married</li></ul>
Female		0	Never Married	<ul><li>Separated</li></ul>
		0	Widowed	
Race/Ethnic Origin 1		Rac	ce/Ethnic Origin 2	2
⊙ N/A		0	N/A	
White		0	White	
<ul> <li>Black or African Ameri</li> </ul>	ican	0	Black or African Ame	rican
<ul> <li>American Indian or Ala</li> </ul>	askan Native	0	American Indian or A	laskan Native
Asian		0	Asian	
<ul> <li>Native Hawaiian or oth</li> </ul>	ner Pacific Islander	0	Native Hawaiian or of	ther Pacific Islander
<ul> <li>Some other race</li> </ul>		0	Some other race	
Unknown Race		0	Unknown Race	
<ul> <li>Consumer Refused to</li> </ul>	Provide Information	0	Consumer Refused to	o Provide Information
Race/Ethnic Origin 3				
○ N/A				
White				
<ul> <li>Black or African Ameri</li> </ul>	ican			
American Indian or Ala	askan Native			
Asian				
<ul> <li>Native Hawaiian or oth</li> </ul>	ner Pacific Islander			
<ul> <li>Some other race</li> </ul>				
Unknown Race				
<ul> <li>Consumer Refused to</li> </ul>	Provide Information			
Ethnicity/Cultural Ide	entity			
Hispanic or Latino / Latina	a		b American / Chaldea	
○ Yes ○ No ○ Unknow		(O)	Yes O No O Unknow	wn
Primary Spoken Language	e		Religion	<b>—</b>
Veteran Status		F	Parental Status (H	 las child under 18)
○ Yes ○ No	C Unknown		© Yes	⊙ No
Department of Humar	າ Services			
Child currently served by D	HS for abuse and negled	t		○ Yes ○ No
Child currently served by ar	nother DHS program			C Yes C No
Child Enrolled in Early			Vraparound Servi	ce
If consumer is an adult or a select 'No'	child NOT enrolled in Early	, On,	C Yes	○ No
○ Yes	○ No			
Contact/Mailing Infor				
Select the Mail Recipient  Consumer Guardia		_ ∩ լ	On not Mail O Other	
☐ Do Not Mail	Accommodations		50 not mail . Other	
☐ Do Not Call				
			<b>v</b>	
	characters left: 256		<u>e</u>	
Will cultural consideration	is be a barrier to servic	e?		

Comments

		<u></u>
	characters left: 1024	3
	✓ Spell Check	
	Save and Continue to Contacts Save CANCEL	
Back Home		

Nar	ne:		Ca	se #:		(	Case:		
Dat	e of Birth	Home Phone	Curre	ent Admission					
Add	Iress		Primary Program: Case Holder:						
	Index		1. Intake Assessment: Basi	c Informatio	n - Contac	cts			
1.	Basic Informa		Porcen Posiding in Consu	maria Hama	/a.a	f na aidin n in			
	<ul><li>a. <u>Demographic</u></li><li>b. <b>Contacts</b></li></ul>	<u>:S</u>	Person Residing in Consu	iller S Hollie	i i	of Birth	Relatio		
	c. Guardians		Name		1 Cai	OI BII (II	Relation		
	Medical Infor							<b>V</b>	clear
	Health Condi	<u>tions</u>						<b>V</b>	clear
4.	Education & Employment		,						clear
5.	Current Corre								clear
6	Related Statu Presenting Pr							<u> </u>	orear
	Risk Assessm							<b>\</b>	clear
	Mental Status							<b>V</b>	clear
_	(MI/SED)		Add More Household M	10mbors	,				
9.	Psychiatric au Substance Al		Add More Houserlold IV	<u>rembers</u>					
	History(MI/S	ED)	Other Emergency Cont	act				Clear Int	formation
10.	Substance Ak (MI/SED)	ouse Chart	Last Name			First Name	<b>a</b>	l	History
11.	DD Proxy Me	<u>asures</u>							
12	Service Eligib	oility	Phone Number			Primary P	hone		
	Criteria (DD)					O Home			
	<u>Diagnosis</u>		Cell Phone			C Cell			
	Disposition/D					<ul><li>Alterna</li></ul>	te		
	Send Copy to	<u>)</u>	Alt Phone			O None			
16	<u>Signatures</u>								
			Email						
			Address		_		Relationship		
							Mother	Father	
							C Child	C Legal Gua	ırdian
			City	State Zip	lookup		C Spouse	C Unrelated	
				MI			○ Sibling		
			Not a US Address	,,			Other		
			Check if address is San	ne as Consu	mer				
				40 0004					
			Additional Contact					Clear Int	formation
			Additional Contact					Olean IIII	History
			Last Name			First Name	е		
			Phone Number			Primary P	hone		
						O Home			
			Cell Phone			C Cell			
						Alterna	te		
			Alt Phone			○ None			

Email

		Address		Relationship
				C Mother C Father
				C Child C Legal Guardian
		City	State Zip lookup	C Spouse C Unrelated
			MI	C Sibling
		Not a US Address		Other
		☐ Check if address	is Same as Consumer	
		more		
			√ Spell Chec	ik.
		Record Added	Reco	ord Changed
		Save and Co	ontinue to Guardians S	Save CANCEL
Back	Home			

Name:	Case #:	Case:
ame.	Case #.	Case.

Date of Birth Home Phone

**Current Admission** 

Address

Primary Program: Case Holder:

Index	Intake Assessment: Basic Information - Guardians		
Basic Information			
a. <u>Demographics</u> b. <u>Contacts</u> c. <b>Guardians</b>	Legal Guardian  ○ No Guardianship in Place ○ Parent(s) of Minor Child ○	Court Appointed Guardian	
2. Medical Information	Parent(s) of Minor Child Authorized to Consent to	Treatment	Clear Information
Health Conditions	Mother		Clear Information
Education & Employment	○ Biological Mother ○ Adoptive Mother		
Current Corrections	First Name	Last Name	
Related Status			
Presenting Problem		ess if not the same	
Risk Assessment	Address	Home Phone	<b>Primary Phone</b>
Mental Status (MI/SED)			○ Home
9. Psychiatric and		Cell Phone	C Cell
Substance Abuse	City State Zip lookup		C Alternate
History(MI/SED)	hort	Alternate Phone	○ None
<ol> <li>Substance Abuse C (MI/SED)</li> </ol>	Not a US Address		
11. DD Proxy Measures	Email		
2. Service Eligibility			
Criteria (DD)	Father		Clear Information
<ol> <li>Diagnosis</li> <li>Disposition/Designa</li> </ol>			
5. Send Copy to	First Name	Last Name	
6. Signatures	The reality	Luci Humo	
	Check if address is same as consumer - provide addre	ass if not the same	
	•		
	Address	Home Phone	Primary Phone
			○ Home
	Lookup	Cell Phone	C Cell C Alternate
	City State Zip lookup		© None
		Alternate Phone	None
	Not a US Address		
	Email		
	Divorce Information		Clear Information
	If Parents are Divorced, Indicate Child Custody Status		
	Legal Custody: O Sole-Mother O Sole-Father O	Joint O Unknown	
	Physical Custody: C Sole-Mother C Sole-Father C	Joint O Unknown	
	Copy of Divorce Papers Scanned into FOCUS?		
	○ Yes ○ No ○ See Hybrid (Paper) Record		
	Additional Information Related to Parent Consent		
		<b>~</b>	
	characters left: 1024	<u> </u>	
	Court Appointed Guardian		Clear Information
	First Name	Last Name	
	☐ Check if address is Same as Consumer		
	Address	Home Phone	Primary Phone
		2 2.02	© Home
		Cell Phone	C Cell
		Cell Filone	

City	State	Zip lookup		Alternate
	MI		Alternate Phone	○ None
☐ Not a US Address				
Email			,	
Type of Guardianship				
C Plenary of Person	O F	Plenary of Estate	Plenary of Person	and Estate
C Guardian Ad Litem	0 [	DHS Ward - Permanent	O DHS Ward - Temp	oorary
C Partial Describe Powers	s:			
Guardian's Relationship t	o Consum	er		
○ Mother	○ Fathe		C Child	
C Spouse	○ Siblin	g	C Public Guardian	
○ Unrelated	Other			
Date of Court Order	- 01.101	,	Expiration Date	
<b>III</b>			<u> </u>	
Copy of Guardianship Pa	pers Scani	ned into FOCUS?	,	
○ Yes ○ No ○ See Hy				
Co-Guardian Informat	ion			Clear Information
First Name			Last Name	
☐ Check if address is Sa	ame as Coi	nsumer		
Address			Home Phone	Primary Phone
				○ Home
			Cell Phone	C Cell
City	State	Zip lookup		Alternate
	MI		Alternate Phone	○ None
Not a US Address				
Email				
Type of Guardianship				
C Plenary of Person	O F	Plenary of Estate	Plenary of Person	and Estate
Guardian Ad Litem	0 0	DHS Ward - Permanent	O DHS Ward - Temp	oorary
C Partial Describe Powers			·	•
Guardian's Relationship t	,	or		
Mother	© Fathe		Child	
© Spouse	© Siblin		© Public Guardian	
© Unrelated	O Other		- Tubilo Guardian	
Date of Court Order	C Other	J	Expiration Data	
Date of Court Order			Expiration Date	
Copy of Guardianship Pa	ners Scani	ned into FOCUS?		
○ Yes ○ No ○ See Hy				
Standby Guardian Info				Clear Information
First Name	or matrion		Last Name	
Check if address is Sa	ame as Coi	nsumer	,	
Address			Hama Dhana	Daimana Dhana
, tauroo			Home Phone	Primary Phone  © Home
,			Cell Phone	© Cell
City	State	Zip lookup	Jeil Filolie	C Alternate
City	MI	zip uzama	Alternate Phone	© None
	IIAII		Alternate i Hone	
Not a US Address			J	
Email				
<u> </u>				

Type of Guardianship		
Plenary of Person	Plenary of	Estate C Plenary of Person and Estate
C Guardian Ad Litem	O DHS Ware	- Permanent C DHS Ward - Temporary
C Partial Describe Power	rs:	
Guardian's Relationship	to Consumer	
○ Mother	C Father	C Child
C Spouse	○ Sibling	C Public Guardian
<ul> <li>Unrelated</li> </ul>	Other	
Date of Court Order		Expiration Date
Copy of Guardianship Pa	pers Scanned into	FOCUS?
○ Yes ○ No ○ See H	lybrid (Paper) Record	
Additional Guardianship	Information	
characters left: 1024		•
		✓ Spell Check
Record Added		Record Changed
Save and Con	tinue to Medical In	ormation Save CANCEL

Back Home

Name: Date of Birth Home Phon	Case #: Case:
	Primary Program:
Address	Case Holder:
<ol> <li>Index</li> <li>Basic Information</li> <li>Medical Information</li> <li>Health Conditions</li> <li>Education &amp; Employment</li> </ol>	2. Intake Assessment: Medical Information  Consumer has Primary Physician (PHCP)  O Yes O No Date last seen: QHP:  Does consumer need assistance finding a PHCP?  O Yes O No
5. <u>Current Corrections</u> Related Status	Physicians
<ol> <li>Presenting Problems</li> <li>Risk Assessment</li> <li>Mental Status</li> </ol>	Location:  Primary Care Physician (PHCP)  Date of Last Visit
9. Psychiatric and Substance Abuse	PHCP Name:
History(MI/SED)  10. Substance Abuse Chart	Location: Primary Care Physician (PHCP)
(MI/SED)  11. DD Proxy Measures  12. Service Eligibility Criteria (DD)	PHCP Name:
13. <u>Diagnosis</u>	Add Physician to List
14. <u>Disposition/Designation</u>	
15. Send Copy to	Prescribed Medications
16. <u>Signatures</u>	Medication Dates Prescribed By Qty Prescribed
	Show/Hide Medication Information  Other Medications  Medication Type Dates Prescribing Physician Info  Add new other medications for the client below.
	Medication     Clear     Edit name (if not found)       Medication:     Dosage:   Qty:
	Medication Type  Start:  End:
	Instructions Reason
	Prescribing Physician Prescribing Physician Type
	Medication   Clear   Edit name (if not found)  Medication:   Qty:
	Medication Type  Start:  Instructions  Dates  End:

		Prescribing Physician	Prescribing Physician Type
		Medication lookup clear Medication:	Edit name (if not found)  Dosage: Qty:
		Medication Type	Dates Start: End:
		Instructions	Reason
		Prescribing Physician	Prescribing Physician Type
		Add More Medications	
		Record Added	✓ Spell Check  Record Changed
		Save and Continue to	Health Conditions Save CANCEL
Back	Home		

Name:			Case #:	Case:
Date	e of Birth	Home Phone	Current Admission	
Add	Iress		Primary Program: Case Holder:	
			ouse Holder.	
	Inde	•	3. Intake Assessment: Health Conditions	
1.	Basic Inform	ation_	Health and Other Conditions	
	Medical Infor		Hearing	
	Health Condit	ions	Ability to hear (with hearing appliance nor	mally used
4.	Education & Employment			many useu)
5.	Current Corr Related State	<u>ections</u>	C Adequate  No difficulty in normal conversation, social in	teraction, listening to TV
6.	Presenting Pr		Minimal difficulty	
7.	Risk Assessn			person speaks softly or is more than 6 feet away)
8.	Mental Statu (MI/SED)	<u>s</u>	O Moderate difficulty  Problem hearing normal conversation, require	es quiet setting to hear well
9.	Psychiatric a	<u>nd</u>	C Severe difficulty	
	Substance Al History(MI/S	<u>buse</u>	Difficulty in all situations (e.g., speaker has to all speech is mumbled)	o talk loudly or speak very slowly; or person reports that
10.	Substance A	buse Chart	○ No hearing	
	(MI/SED)		Hearing aid used	
	DD Proxy Me		○ Yes ○ No	
	Service Eligit			
	<u>Diagnosis</u>	) colonation	Vision	
	Disposition/E Send Copy to		Ability to see in adequate light (with glasse	es or with other visual appliance normally used)
	Signatures	<u>2</u>	Adequate  Sees fine detail, including regular print in nev	vspapers/books or small items in pictures
			Minimal difficulty	
			•	spapers/books or cannot identify large objects in pictures
			Moderate difficulty Limited vision; not able to see newspaper her in his/her environment	adlines or small items in pictures, but can identify objects
			C Severe difficulty Object identification in question, but the pers only light, colors, shapes	on's eyes appear to follow objects, or the person sees
			O No vision  Eyes do not appear to follow objects; absence	e of sight
			Visual appliance used	
			C Yes C No	
			Health Conditions	
				resence of each of the following health conditions, as ional or family member, in the past 12 months.
			Pneumonia (2 or more times) - including A	
			O Never present	
			C History of condition, but not treated for the	condition within the past 12 months
			C Treated for the condition within the past 1	2 months
			Information unavailable	
			Asthma	
			Never present	

C History of condition, but not treated for the condition within the past 12 months
C Treated for the condition within the past 12 months
C Information unavailable
Upper Respiratory Infections (3 or more times within past 12 months)  These infections may affect the throat, nasal cavity, sinuses, larynx or bronchi  Never present
C History of condition, but not treated for the condition within the past 12 months
C Treated for the condition within the past 12 months
C Information unavailable
Gastroesophageal Reflux, or GERD
O Never present
C History of condition, but not treated for the condition within the past 12 months
C Treated for the condition within the past 12 months
○ Information unavailable
Chronic Bowel Impactions
O Never present
C History of condition, but not treated for the condition within the past 12 months
C Treated for the condition within the past 12 months
C Information unavailable
Seizure disorder or Epilepsy
O Never present
C History of condition, but not treated for the condition within the past 12 months
C Treated for the condition within the past 12 months and seizure free
$\hfill \Box$ Treated for the condition within the past 12 months, but still experience occasional seizures (less than one per month)
C Treated for the condition within the past 12 months, but still experience frequent seizures
C Information unavailable
Progressive neurological disease, include, Alzheimer's and Parkinson's disease
O Not present
C Treated for the condition within the past 12 months
C Information unavailable
Diabetes
O Never present
C History of condition, but not treated for the condition within the past 12 months
C Treated for the condition within the past 12 months
O Information unavailable
Hypertension
O Never present
C History of condition, but not treated for the condition within the past 12 months
C Treated for condition within the past 12 months and blood pressure is stable
C Treated for condition within the past 12 months, but blood pressure remains high or unstable
O Information is unavailable

Obesity				
O Not present				
○ Medical diagnosis of o	obesity present or Body I	Mass Index (BMI) > 30		
Pregnant?				
Immunizations current?  O Yes O No				
Child Only				
Prenatal Exposure To				
☐ Tobacco	☐ Alcohol	☐ Other Drugs		
<b>Current Exposure To</b>				
☐ Tobacco	☐ Alcohol	☐ Other Drugs		
Tobacco Use	☐ Declined ☐ No In	formation Collected		
Smoking Status / Tobacc	o Use	▼		
Provided consumer with smoking or tobacco use		or tobacco use, or recom	mended (	or discussed
○ Yes ○ No		_		
Pain				
Scale (0=none, 10=severe	e)			
	•			
Location of Pain				
Treatment				
				_
				_
characters left: 256				(V)
Controlled				
○ Yes ○ No				
Medical Issues (included None Reported	de communicable d	iseases)		
				~
characters left: 30000				(v)
	√ Spel	l Check		
Record Added		Record Changed		
Save and Co	entinue to Education &	Employment	Save	CANCEL

Nar	ne:		Case	e #:	Case:			
Date	e of Birth	Home Phone		Admission				
Add	ress		Primary Program: Case Holder:					
1	Index		4. Intake Assessment: Educa	tion & Employment				
1. 2.	Basic Information Medical Information		Education					
	Health Condi		Unknown / Unreported					
4.	Education & Employment		Completed less than high	school				
5.	Current Corre	<u>ections</u>	Completed special education	tion, high school, or GED				
_	Related Statu		In school - Kindergarten to	hrough 12th grade				
6. 7.	Presenting Pr Risk Assessm		<ul> <li>In training program</li> </ul>					
_	Mental Statu		<ul> <li>In Special Education</li> </ul>					
_	(MI/SED)		<ul> <li>Attended or is attending u</li> </ul>	ndergraduate college				
9.	Psychiatric au Substance Al		College graduate					
	History(MI/S	ED)	Highest Grade					
10.	Substance Al (MI/SED)	ouse Chart						
11.	DD Proxy Me	asures	School Name and Location:					
12.	Service Eligib		j.					
13.	Criteria (DD) Diagnosis	•	If in Special Ed, specify type					
	Disposition/E	<u>Designation</u>	© Emotionally Impaired (EI)					
	Send Copy to	_	Cognitive Impaired (CI)					
16.	<u>Signatures</u>		Severely Multiply Impaired	(SXI)				
			C Autistic Impaired (AI)					
			Other Health Impairment (C	DHI)				
			Not Applicable					
			Employment Status					
			C Employed full time (30 ho	ours or more per week) competit	tively			
			C Employed part time (less	than 30 hours per week) in com	npetitively			
			<ul> <li>Unemployed - looking for</li> </ul>	work, and/or on layoff from job				
			<ul> <li>Participates in sheltered</li> </ul>	workshop or facility-based work				
			In unpaid work (e.g. volu	nteering, internship, community	service)			
			Self-employed (e.g. micro	o-enterprise)				
			In enclaves/mobile crews	s, agency-owned transitional em	ployment			
				sed activity program where spec achieving non-work related goal	cialty supports and services are provided s			
				oor force – includes homemaker	, child, student, retired, resident of an			
			Earned wage is Minimum Wage or greater					
			C Yes C No C N/A - Pe					
			If employed, occupation:					
			ii cinpicyeu, occupation.	✓ Spell Check				

**Record Added** 

**Record Changed** 

Name:		Case	#:	Case:			
Date of Birth	Home Phone	Current A	Admission				
Address		Primary Program: Case Holder:					
riadiooo		Case Holder:					
Index	,		Ones of the Balata I Otatus				
Basic Inform	ation	ntake Assessment: Current		5			
2. Medical Infor	mation Co	rrections Related Statu	IS				
3. Health Condi	tions (	Unknown					
4. Education &		Not under the jurisdiction of	f a corrections or law enforcer	ment program			
5. Current Corre		In prison					
Related Statu	_	Consumer refused to provide	de information				
<ol> <li>Presenting Presenting Presentin</li></ol>	(	Minor (under age 18) who w	was referred by the court				
8. Mental Statu		Arrested and booked					
(MI/SED)		Diverted from arrest or boo	king				
<ol> <li>Psychiatric a Substance Al</li> </ol>		) In jail					
History(MI/S	ED)	Paroled from prison					
10. Substance Al (MI/SED)	buse Chart (	Probation from jail					
11. DD Proxy Me		Juvenile detention center					
12. <u>Service Eligik</u> <u>Criteria (DD)</u>		Court supervision					
13. <u>Diagnosis</u>		Awaiting trial					
14. <u>Disposition/E</u>	<u>Designation</u>	Awaiting sentencing					
15. Send Copy to	<u>0</u>						
16. <u>Signatures</u>		u <b>g Court Client</b> Yes O No	On Sex Offender Registry O Yes O No	MPRI © Yes © No			
			~ 163 ~ NO	© 165 © 140			
	Ar	rest History	Last 30 Days	Last 5 Years			
	To	tal Arrests					
	Po	ssession / Sales					
	DU	JI / DWI					
	Na	matica					
	Na l	rrative		<u> </u>			
				<b>~</b>			
	cha	racters left: 30000		()			
			✓ Spell Check				
	Re	ecord Added	Record	Changed			
				ū			
		Save and Continue	e to Presenting Problems	Save CANCEL			

Date	e of Birth	Home Phone		Current Admission			
۔ لہ ∆	luooo		Primary Program:	1			
Add	Iress		Case Holder:				
	Inde	ex	6. Intake Assessment:	: Presenting Problems			
1.	Basic Inforr	<u>mation</u>	Presenting Problem/R	eason For Initial Service R	Request		
2.	Medical Info	<u>ormation</u>	Trocoming trousement				
3.	Health Cond	<u>ditions</u>					
4.	Education 8	<u>k</u>					
	Employmen						
5.	Current Cor						
•	Related Sta						
_	Presenting F						
7.							
8.	Mental Stat (MI/SED)	<u>us</u>					
9.	Psychiatric	<u>and</u>					
	Substance I						
	History(MI/						wl
10.	Substance /	Abuse Chart	characters left: 30000				(5)
11	(MI/SED)	looguraa	characters left. 30000				Mal
	DD Proxy N			✓ Spe	II Check		
12.	Service Elig Criteria (DE		Record Added		Record Char	nged	
13.	<u>Diagnosis</u>	<u> </u>					
		/Designation					
	Send Copy		Save and C	Continue to Risk Assessm	ent	Save	CANCEL
	Signatures		Jave and C	Johnnae to Man Assessin	ion.	Jave	ONINOLL
	<u>5.g. atur 65</u>						
	Back H	ome					
	Jack III	onic					

Case #:

Case:

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Name:

Name:			Case #:	Case:	
Date of Birth	Home Phone	Cu	rrent Admission		
Address		Primary Program: Case Holder: Disability Designation	n:		
Ind		7. Intake Assessment: Ris	sk Assessment		
1. Basic Infor		SUICIDAL			
<ol> <li>Medical In:</li> <li>Health Cor</li> </ol>			Present	Recent	Past
4. Education		Ideation / Threat	(< 30 days) ◯ Yes ◯ No	(> 30 days - 1 year) • Yes • No	(> 1 year) C Yes C No
<u>Employme</u>			© Yes © No		© Yes © No
5. <u>Correction</u> <u>Status</u>	<u>s Related</u>	Attempt Comments	C Yes C No	○ Yes ○ No	V Yes V No
6. Presenting	-				
<ol> <li>Risk Asses</li> <li>Mental Sta</li> </ol>					
(MI/SED)	itus				_
9. <u>Psychiatric</u>		characters left: 30000			V
Substance History(MI		HOMICIDAL			
10. Substance	Abuse Chart		Present (< 30 days)	Recent (> 30 days - 1 year)	Past (> 1 year)
(MI/SED) 11. <u>DD Proxy I</u>	Measures	Ideation / Threat	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
12. <u>Service Eli</u>	gibility	Intent	C Yes C No	○ Yes ○ No	○ Yes ○ No
Criteria (D 13. Diagnosis	<u>D)</u>	Plan	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
14. <u>Disposition</u>	n/Designation	Attempt	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
15. Send Copy	_	Comments			
16. <u>Signatures</u>	5				_
		characters left: 30000			<u>~</u>
		TRAUMA			kāu
			S. N.		
		Experienced O Yes O			
		Witnessed O Yes	No		
			Present (< 30 days)	Recent (> 30 days - 1 year)	Past (> 1 year)
		Abuse - Sexual	○ Yes ○ No	C Yes C No	C Yes C No
		Abuse - Verbal/Emotional	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
		Violence	○ Yes ○ No	C Yes C No	○ Yes ○ No
		Neglect	C Yes C No	C Yes C No	C Yes C No
		Environmental	○ Yes ○ No	C Yes C No	○ Yes ○ No
		Description Of Trauma			
					<b>~</b>
		characters left: 30000			v
		HARM			
			Present (< 30 days)	Recent (> 30 days - 1 year)	Past
			(~ 30 days)	(> 30 days - 1 year)	(> 1 year)

C Yes C No C Yes C No

Self (Cutting, Binging/Purging,

	Alcohol/Drugs, & other Risky Behaviors)						
	Others - Sexual	Yes	○ No	C Yes	○ No	C Yes	O No
	Others - Physical	O Yes	○ No	O Yes	O No	○ Yes	○ No
	Others - Verbal/Emotional	○ Yes	○ No	© Yes	○ No	C Yes	○ No
	Comments						
							~
	characters left: 30000						· ·
	Immediate Action Needed	?					
	○ Yes ○ No						
	Involve						
	Supervisor						
	☐ Hospital						
	Police						
	☐ Protective Services (AP	S / CPS)					
	Other						
	Describe Action Taken						
							$\overline{}$
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			√ Spel	ll Check			
	Record Added			Record Cha	hand		
	Necora Added			Record Ona	iigeu		
				(1.1./2==)		1	
	Save and Cor	ntinue to Mer	ntal Statu	s (MI/SED)		Save	ANCEL
Back Home							

Name:	Case #:	Case

Date of Birth Home Phone Current Admission

Address Primary Program: Case Holder:

	Index	8. Intake Assessme	nt: Mental Status	(MI/SED)		
1.	Basic Information	General Behavior				
	Medical Information	☐ Cooperative		Hostile	☐ Re	estless
	Health Conditions	☐ Passive		Agitated	— ∏ Gu	ıarded
4.	Education & Employment	☐ Dramatic		Withdrawn	□ Iso	lative
5.	Current Corrections Related Status	Other:				
6.	Presenting Problems					
7.	Risk Assessment					
	Mental Status (MI/SED)	characters left: 256			~	
9.	Psychiatric and Substance Abuse				basi	
	History(MI/SED)	Communication  Unremarkable		□ Co#		
10.	Substance Abuse Chart	-		☐ Soft	Loud	
11	(MI/SED)	Pressured		Slurred	☐ Immatu	ire
	DD Proxy Measures Service Eligibility	☐ American Sign L☐ Other:	anguage	Non-verbal		
40	Criteria (DD)	Other.				
	<u>Diagnosis</u> <u>Disposition/Designation</u>					
	Send Copy to				$\overline{\mathbf{v}}$	
	<u>Signatures</u>	characters left: 256			· ·	
		Perceptions				
		☐ Normal	Delusions	☐ Hallucinations		Unknown
					~	
		characters left: 256			(Y)	
		Thought Process				
		Unremarkable	П	Tangential	Delusions	
		Associations		Obsessive	Ideas of Referen	nces
		Grandiose		Circumstantial	Paranoid	
		Rumination		Loose	Unknown	
		characters left: 256			<u>▼</u>	
		Mood			to the same of the	
		☐ Normal		Fearful	Dysphoric	
		☐ Angry		Anxious	☐ Euphoric	
		☐ Apathetic		Expansive	Euphone	
		Apatrietic				
					$\checkmark$	
		characters left: 256			· ·	
		Judgment				
		© Good	○ Fair	© Poor	C Unknow	'n
		If poor, explain:				
		characters left: 512			<b>₹</b>	
					market and	

Impulse Control			
○ Good	© Fa	iir	O Poor
If poor, explain:			
		$\overline{\mathbf{v}}$	
characters left: 512		<b>3</b>	
Insight			
○ Good	○ Fair	© Poor	O N/A
			(T)
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Sleep			
<ul><li>Normal</li></ul>	C Increased	O Decreased	C Variable
			<b>A</b>
characters left: 256			(Z)
			based
Appetite			
○ Normal	○ Increased	© Decreased	○ Variable
			<b>v</b>
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Record Added		Record Changed	
		goa	
S	Save and Continue to Psyc	hiatric and Substance Abus	se History(MI/SED)
Save CANCEL			

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Back Home

Name:		Case #: Case:						
Date of Birth	Home Phone	Current Admission						
Address		Primary Program: Case Holder:						
Inde		9. Intake Assessment: Psychiatric and Substance Abuse History(MI/SED)						
1. Basic Inform		MH Treatment History						
<ol> <li>Medical Information</li> <li>Health Condition</li> </ol>		Number of episodes Last Y	ear Use	ed .				
4. Education &	ILIOHS	State Hospital						
Employment		Acute Community Hospital/ Intensive						
5. <u>Current Corr</u> <u>Related State</u>		Crisis Residential/ Intensive Crisis Stabilization						
6. Presenting P		ACT/Home Based						
7. Risk Assessn		Outpatient / Community Services						
8. <u>Mental Statu</u> (MI/SED)	<u>IS</u>							
9. Psychiatric a	nd	SA Treatment History Number of prior SA treatment episodes						
Substance Al History(MI/SE		Outpatient Outpatient episodes						
10. <u>Substance A</u> (MI/SED)	•	IOP Outpatient						
11. DD Proxy Me	easures easures	Residential						
12. Service Eligil								
Criteria (DD)	<u>)</u>	Detox						
<ul><li>13. <u>Diagnosis</u></li><li>14. <u>Disposition/E</u></li></ul>	Designation	Methadone						
15. Send Copy to		Family History of Mental Illness and Substance Abuse						
16. Signatures		☐ No Family History						
		Family Member MI SA Disorder						
		UNCOPE - Additional Screening Instrument Norman H. Hoffman, Ph.D.						
		U In the past year, have you ever drank or USED drugs more than you meant to? Or,	C Yes	O No				
		Have you spent more time drinking or using than you intended?						
		<b>N</b> Have you ever <b>NEGLECTED</b> some of your usual responsibilities because of using last year?	C Yes	O No				
		C Have you ever felt you wanted or needed to CUT DOWN on your drinking or drug use in the last year?	C Yes	○ No				
		O Has anyone OBJECTED to your drinking or drug use? Or,	C Yes	O No				
		Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?						
		P Have you ever found yourself PREOCCUPIED with wanting to use alcohol or drugs? Or,	C Yes	O No				
		Have you good alcohol or drugs to relieve <b>EMOTIONAL DISCOMEORT</b> such	_					
		as sadness, anger, or boredom?	○ Yes	○ No				
		Total Yes		0				

Two (2) or more positive responses indicate possible abuse or dependence

Four (4) or more positive responses strongly indicate dependence

## UNCOPE Results

ASAM Result			Com	plete ASAM Worksheet
Level 0.5:	OMT:	Level I:	Level II.1:	Level II.5:
Level III.1:	Level III.3:	Level III.5:	Level III.7:	Level IV:
Comments				
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Narrative				tions)
Narrative				
				<b>v</b>
characters left: 30000	)			Ø
		✓ Spell Check		
Record Added		Record	Changed	
0.	and Continue t	o Cubatanaa Abaaa C	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.00
CANCEL	ave and Continue t	o Substance Abuse C	naπ(IVII/SED)	Save
OANGEL				

Back Home

Name:		Case #:	Case:
Date of Birth	Home Phone	Current Admission	

Address Primary Program: Case Holder:

	Index	10. Intake Assessment	t: Substai	nce Abu	se Chart(MI/	SED)					
1.	Basic Information										_
	Medical Information						Drug of Choice:	1 = Firs	t Choice - 1	0 = Last Ch	Key
	Health Conditions		_	▼			<del>-</del>				—
4.	Education &	Add Drug to List			Number o	f Days use	d in the Last 30 Days:	0 = Not Used; 1-2	!9 = No. of [	Jays; 30 = E	Daily
_	Employment					Meth	od Of Current Dosing: 1 = Oral;	2 = Smoking; 3 =	: Snorting; 4	= IV; 5 = C	)ther
э.	Current Corrections Related Status	Type of Drug and Name	Drug of	Age at	Age at	Init.Rx	1- Heaviest Amount	Date of Last	Number	Method	
3.	Presenting Problems		Choice	First Use	Problematic Use		Consumed and when	Use	of days drug	of Current	
	Risk Assessment			1			2- Current Consumption	-	used in last 30	Dosing	
	Mental Status						2- Current Consumption		days		
	(MI/SED)						1				
9.	Psychiatric and		I	l				1			
	Substance Abuse		<u> </u>	<u> </u>			2	<u> </u>			
10	History(MI/SED)  Substance Abuse Chart			1			1	1			_
10.	(MI/SED)			l		_	'-	1	1		
11.	DD Proxy Measures			<u> </u>		☐ YES	2	<u> </u>	للسلإ		
12.	Service Eligibility			1			1	1			_
	Criteria (DD)			l		_		1			
13.	<u>Diagnosis</u>		<u> </u>	<u> </u>		☐ YES	2	<u> </u>		للسل	
14.	Disposition/Designation			1			1				_
	Send Copy to			l		П					
16.	<u>Signatures</u>		<u> </u>	<u> </u>		☐ YES	2	<u> </u>			
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			<u> </u>	<u> </u>		☐ YES	2				<u> </u>
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		Save and 0	Continue	to DD F	Proxy Measu	ıres	Save CANCEL	1			
					, , , , , , ,						

Back Home

Na	me:		C	Case #:	Case:
Dat	e of Birth	Home Phone	Cur	rrent Admission	
Add	dress		Primary Program: Case Holder:		
1	Inde	-	11. Intake Assessment: DI	D Proxy Measure:	s
2.	Basic Inform Medical Info				Clear Information
3.	Health Cond		Date		
	Education &				
	Employment		<u>Use Current Date</u>		
	Current Corr Related Stat	<u>us</u>		support needed to e	term 'support' is used, it means support from a paid or unenable the individual to achieve his/her desired future. The
	Presenting P Risk Assessn		- 'Limited' means the pers	son can complete ap	opproximately 75% or more of the activity without support and
	Mental Statu		the caregiver provides suppo- - 'Moderate' means the pe		approximately 50% of the activity and the caregiver supports
٥.	(MI/SED)	<u>15</u>	the other 50% 'Extensive' means the pe	erson can complete	approximately 25% of the activity and relies on the caregiver
9.	Psychiatric a		to support 75% of the activity	•	lete the activity and the caregiver is providing 100% of
	Substance A History (MI/S		support.		ince the detivity and the caregiver is providing 10070 of
10	Substance A		Predominant Commun	,	and the state of the state of
	(MI/SED)		Indicate from the list below	now the individual of	communicates most of the time
	. DD Proxy Me		C English language spok	cen by the individua	al
12	Service Eligil Criteria (DD)		C Assistive technology us	sed	
	<ul><li>Diagnosis</li><li>Disposition/I</li></ul>		Includes computer, othe communication devices.		or symbols such as Bliss board, or other 'low tech'
	Send Copy to		Interpreter used		
	Signatures	-	the individual well enoug	gh to interpret speed	n Sign Language (ASL) interpreter, or someone who knows ch or behavior.
			C Alternative language u		
					nguage without an interpreter.
			Non-language forms of		sed
			Gestures, vocalizations of		
			No ability to communic	ate	
			Ability to Make Self U	nderstood	
			*For reporting children 5 or Report 'Rarely or Never Und	younger- derstood' when unde	non-verbal, to family, friends, or staff erstanding is limited to interpretation of every person- l age 5 or younger is not yet using verbal or non-verbal
			C Always Understood		
			Expresses self without d	lifficulty	
			C Usually Understood	-	
			•	g BUT if given time a	and/or familiarity can be understood, little or no prompting
			Often Understood		
			Difficulty communicating	g AND prompting us	ually required
			C Sometimes Understoo	od	

Ability is limited to making concrete requests or understood only by a very limited number of people

 $\label{lem:condition} \mbox{ Understanding is limited to interpretation of very person-specific sounds or body language}$ 

## Support with Mobility

\*For reporting children 5 or younger-

C Rarely or Never Understood

Report 'Moderate Support'-if a child scoots, crawls, creeps on hands and knees, or walks a few steps independently or when holding hands with caregiver Report 'Extensive Support'-if a child is primarily carried or transported by a caregiver. Independent Able to walk (with or without an assistive device) or propel wheelchair and move about C Guidance/Limited Support Able to walk (with or without an assistive device) or propel wheelchair and move about with guidance, prompting, reminders, stand by support, or with limited physical support Moderate Support May walk very short distances with support but uses wheelchair as primary method of mobility, needs moderate physical support to transfer, move the chair, and/or shift positions in chair or bed C Extensive Support Uses wheelchair exclusively, needs extensive support to transfer, move the wheelchair, and/or shift positions in chair or bed C Total Support Uses wheelchair with total support to transfer, move the wheelchair, and/or shift positions or may be unable to sit in a wheelchair; needs total support to shift positions throughout the day Mode of Nutritional Intake \*For reporting children 5 or younger-Report 'Modified independent' if child is bottle fed or eats foods specially prepared by the caregiver to accommodate current developmental needs. O Normal Swallows all types of foods Modified independent e.g., liquid is sipped, takes limited solid food, need for modification may be unknown Requires diet modification to swallow solid food e.g., mechanical diet (e.g., purée, minced) or only able to ingest specific foods Requires modification to swallow liquids e.g., thickened liquids Can swallow only puréed solids AND thickened liquids Combined oral and parenteral or tube feeding C Enteral feeding into stomach e.g., G-tube or PEG tube C Enteral feeding into jejunem e.g., J-tube or PEG-J tube Parenteral feeding only Includes all types of parenteral feedings, such as total parenteral nutrition (TPN) Support with Personal Care Ability to complete personal care, including bathing, toileting, hygiene, dressing and grooming tasks, including the amount of help required by another person to assist. This measure is an overall estimation of the person's ability in the category of personal care. If the person requires guidance only for all tasks but bathing, where he or she needs extensive support, score 'Guidance/Limited Support' to reflect the overall average ability. The person may or may not use assistive devices like shower or commode chairs, longhandled brushes, etc. Note: assistance with medication should NOT be included. Independent Able to complete all personal care tasks without physical support Guidance/Limited Support Able to perform personal care tasks with guidance, prompting, reminding or with limited physical support for less than 25% of the activity

Able to perform personal care tasks with extensive support of another person

Able to perform personal care tasks with moderate support of another person

Moderate Physical Support

C Extensive Support

○ Total Support	
Requires full support of another p	person to complete personal care tasks (unable to participate in tasks)
Relationships	
	Il has 'natural supports' defined as persons outside of the mental health rovide emotional support or companionship.
© Extensive involvement, such as	s daily emotional support/companionship
C Moderate involvement, such as	s several times a month up to several times a week
C Limited involvement, such as in	ntermittent or up to once a month
C Involved in planning or decision	n-making, but does not provide emotional support/companionship
○ No involvement	
Status of Family/Friend Sup	port System
Indicate whether current (unpaid) far instances of caregiver disability/illnes	mily/friend caregiver status is at risk in the next 12 months; including ss, aging, and/or re-location. 'At risk' means caregiver will likely be tent level of help, or will cease providing help altogether but no plan for
Caregiver status is not at risk	
Caregiver is likely to reduce cur	rrent level of help provided
Caregiver is likely to cease pro-	viding help altogether
C Family/friends do not currently	provide care
C Information unavailable	
	vidual needs, if any, to accommodate challenging behaviors. that are self-injurious, or place others at risk of harm. (Support
No challenging behaviors, or no	support needed
C Limited Support, such as support	ort up to once a month
C Moderate Support, such as sup	pport once a week
C Extensive Support, such as sup	oport several times a week
C Total Support - Intermittent, suc	ch as support once or twice a day
C Total Support - Continuous, suc	ch as full-time support
Presence of a Behavior Plan Indicate the presence of a behavior p	plan during the past 12 months.
	or Pohovier Treatment Plan without restrictive and/or intrusive
techniques requiring review by the	or Behavior Treatment Plan without restrictive and/or intrusive Behavior Treatment Plan Review Committee
Behavior Treatment Plan With r	restrictive and/or intrusive techniques requiring review by the Committee
Use of Psychotropic Medicat	ions 🎹
	nd other psychotropic medications the individual is prescribed. See the ti-psychotic' and 'other psychotropic' and a list of the most common
Number of Anti-Psychotic Medications	Number of Other Psychotropic Medications
Psychiatric medications primarily	Includes anti-convulsant, anti-anxiety, anti-depressant, ADHD, Bi-Polar, OCD and other psychiatric medications prescribed.

used to manage psychosis.

	Notes			
				<u></u>
	characters left: 4000	√ Spell	Check	Ø
	Record Added		Record Changed	
	Save and Cor	ntinue to Service Elig	ibility Criteria (DD)	Save
Back Home				

Name:	Case #:	Case:
Date of Birth Home Phone	Current Admission Primary Program:	
Address	Case Holder:	
Index  1. Basic Information  2. Medical Information  3. Health Conditions  4. Education & Employment  5. Current Corrections Related Status  6. Presenting Problems  7. Risk Assessment  8. Mental Status (MI/SED)  9. Psychiatric and Substance Abuse History(MI/SED)  10. Substance Abuse Chart (MI/SED)	12. Intake Assessment: Service Eligibility Cr Service Eligibility Criteria for Individuals with Strict adherence to the Mental Health Code def  A. If applied to an individual older than 5 y following requirements:  1. Is attributable to a mental or p physical impairments.  Because disabilities that have not traditionally dystrophy, multiple sclerosis, can be consister funding for them, applicants cannot be denied	th Developmental Disabilities (Must Serve) finition of developmental disability: vears, a severe, chronic condition that meets ALL of the ohysical impairment or a combination of mental and been considered developmental disabilities, e.g., muscular to with the code definition, and though the DCH has not provided CMH services on the basis of having these disabilities. Most agencies and supports will provide better service alternatives and
(MI/SED)  11. DD Proxy Measures  12. Service Eligibility Criteria (DD)  13. Diagnosis  14. Disposition/Designation  15. Send Copy to  16. Signatures	4. Results in SUBSTANTIAL FUI areas of major life activity:  a. Self-care  b. Receptive and expre  c. Learning  d. Mobility  e. Self-Direction  f. Capacity for indepen  g. Economic self-suffici  Unable to define "substantial function by which to make service eligibility of the individual can be considered to  1) the individual has obtaine  2) school testing establishe  3) a CMH psychologist conditional service and content of the individual's need interdisciplinary, or generic can extended duration and are ind	NCTIONAL LIMITATIONS in 3 or more of the following essive language  adent living liency  anal limitation" concretely, MCCMH prefers using three other means decisions when the degree of functional limitation is far from clear. In have a disability that results in "substantial functional impairment" if:  ed SSI or SSD on the basis of a disability  OR  es that the individual is EMI or SMI and has an IQ of 69 or lower  OR  firms it through psychological testing  for a combination and sequence of special, ire, treatment, or other services that are of a lifelong or lividually planned and coordinated  , a substantial developmental delay or a specific high probability of resulting in developmental disability as
	·	Spell Check Record Changed
	Save and Continue to Diagnosis	Save CANCEL

Name:	Case #:	Case:

Date of Birth Home Phone

Current Admission

Address

Primary Program: Case Holder:

	Basic Information			ICD-9	DSM-IV	Description		Status Date	Status	
	Medical Information									<b>▼</b>
	Health Conditions Education &		Pri					Use Current Date	-	_
٠.	Employment		Sec							<b>-</b>
5.	Current Corrections		500					Use Current Date		
	Related Status		Ter							▼
	Presenting Problems		Sub	stance Ab	uso Diagn	0000		<u>Use Current Date</u>		
7.	Risk Assessment		Sub	ICD-9	DSM-IV	Description		Status Date	Status	
8.	Mental Status (MI/SED)	AXIS I								<b>-</b>
9.	Psychiatric and		Pri					Use Current Date		
	Substance Abuse			Specif	ier / Status	Detail:	<b>V</b>			
	History(MI/SED)					,				<b>▼</b>
10.	Substance Abuse Chart		Sec					Use Current Date		
1 1	(MI/SED)			Specif	ier / Status	Detail:	<b>\</b>			
	DD Proxy Measures									▼
12.	Service Eligibility Criteria (DD)		Ter					Use Current Date		
13.	Diagnosis			Specif	ier / Status	Detail:	▼			
	<u>Disposition/Designation</u>			ICD-9	DSM-IV	Description		Status Date	Status	
	Send Copy to		D=:							<b>▼</b>
16.	Signatures		Pri					Use Current Date		
		AXIS II	Sec							<b>~</b>
								Use Current Date		_
			Ter							▼
				ICD-9	DSM-IV	Description		Use Current Date Status Date	Status	
				ICD-9	DOIN-IA	Description		Status Date	_	
			Pri					Use Current Date	ļ	▼
		AXIS III						OSC CUITCHE DATE		<b>▼</b>
			Sec					Use Current Date		
			Ter							▼
			101					Use Current Date		
				Economic	oroblems		Problem with primary su	pport group		
			□ F	Problem ac	cessing h	ealthcare	Problem related to social	l environment		
		AXIS IV		Educationa	l problems	3	Problem related to intera	action with legal s	system	
				Occupation	nal problen	าร	Other psychosocial and	environmental pi	roblems	
				Housing pr			☐ Behavioral / Personality			
				rent GAF	Date		,			
				TOTAL OAL	Date					
		AXIS V	,		Use Cui	rent Date				
			Sho	ow Function	al Assessm	ent Measure History				
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		Diagnostic								
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			Co-	Occurring	Consum	er Quadrant				
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			Co-	Occurring	Consum	er Quadrant Comm	ents			
		Additional								_
		Information /								<b>V</b>
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			Diag	gnosis Ma	de By (Na	me/Credentials)		Diagnosis	Effective Date	
								]	***	
								Use Current	Date	

History of Diagnosis	lookup
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## Last Updated

Mental Illness Not Evaluated for SUD Yes No On Tor more SUD Dx Codes active or in partial remission (use within past year) On or more SUD Dx Codes with all SUD Dx codes in full remission (no use for 1 year) Results from screening suggest SUD Individual received an assessment only, and was found to meet none of the disabilities listed above Yes No CAFAS Score PECAFAS Score DLA-20 Score Strengths  characters left: 30000  characters left: 30000  characters left: 30000  references  Record Added  Record Changed	Disability Designation Developmental Disability	SUD	
Mental Illness  O Not Evaluated for SUD  O 1 or more SUD Dx Codes active or in partial remission (use within past year)  O 1 or more SUD Dx Codes with all SUD Dx codes in full remission (no use for 1 year)  Results from screening suggest SUD  Individual received an assessment only, and was found to meet none of the disabilities listed above  O Yes O No  CAFAS Score  PECAFAS Score  PECAFAS Score  DLA-20 Score  Strengths  Characters left: 30000  Needs  Characters left: 30000  Preferences  Characters left: 30000  Preferences  Characters left: 30000  Preferences  Characters left: 30000  PResults Spell Check  Record Added  Record Changed			
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Individual received an assessment only, and was found to meet none of the disabilities listed above  Yes No  CAFAS Score  PECAFAS Score  DLA-20 Score  Strengths  characters left: 30000  Needs  characters left: 30000  Abilities  characters left: 30000  Preferences  characters left: 30000  Preferences  characters left: 30000  Record Added  Record Changed		<ul> <li>1 or more SUD Dx Codes active of (use within past year)</li> <li>1 or more SUD Dx Codes with all (no use for 1 year)</li> </ul>	SUD Dx codes in full remission
CAFAS Score  PECAFAS Score  DLA-20 Score  Strengths  characters left: 30000  Needs  characters left: 30000  Abilities  characters left: 30000  Preferences  characters left: 30000  Record Added  Record Changed		Results from screening suggest S	SUD
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	Record Added	Record Ch	nanged
Save and Continue to Disposition/Designation Save CANCEL	Save and Continue	to Disposition/Designation	Save CANCEL

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Con	sumer Name		Case #	DOB	Home Phone	Status			
Elig	ibility/Insurance Information								
	Index	14. Int	take Assessme	ent: Dispositi	on/Designation				
1.		Stage	Of Change		_				
2.	Medical Information	_	Precontemplation						
	Health Conditions	O Co	ontemplation						
4.	Education & Employment	O Ac	Action						
5.	Corrections Related	O Ma	aintenance						
_	<u>Status</u>	Sumn	nary of Finding	s and Recon	nmendations				
	Presenting Problems	An inte	erpretive summa ical and/or suppo	ry of findings orts needs to b	that includes diagnostic form e addressed by MCCMH serv	nulation (sxs, functioning, hx), and vices.	summary		
	Risk Assessment Mental Status				,				
0.	(MI/SED)								
9.	Psychiatric and								
	Substance Abuse History(MI/SED)								
10.	Substance Abuse Chart(MI/SED)						7		
11.	DD Proxy Measures	charact	ters left: 30000				(×)		
12.	Service Eligibility Criteria (DD)	Dispo	sition						
13.	Diagnosis	⊙ R	efused Service						
	Disposition/Designation	○ N	lot Eligible For S	Service					
15.	Send Copy to		Does not me	et criteria					
16.	<u>Signatures</u>		Does not me	et level of car	е				
		Г	Referred to A	Access Cente	r				
		O A	dmitted for CMF	HSP Service					
		Г	MI	O Adult					
		_	DD	Child					
		_	SA	Crilia					
			MI/SA						
		Į.	IMH/Early On	1					
		Preli	minary Plan	of Service					
			r for psycholog lation	gical	Refer for psychiatric evaluation	Refer to nurse for furthe evaluation	r		
		OY	es C No		○ Yes ○ No	C Yes C No			
		$\square$ N	lot at this time		■ Not at this time	Not at this time			
		Includ	de specific step(s	), how often e	Il be taken to reach the id ach step will be taken, and t e for providing interventions	he date the step(s) will be consider	red		
				1	, , , , , , , , , , , , , , , , , , , ,	<u> </u>			

characters left: 30000

Preliminary Transition/Discharge Planning
Describe what needs to be in place for transition to a less restrictive service or for discharge to occur.

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	Information regarding ongoing services - times available, further evaluation needed, records needed/requested	
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	For appointments scheduled outside of FOCUS:	
	Provider lookup clear	
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	O. M. Landows.	
	Staff lookup clear	
	Date Offered Date Accepted	_
	Time: Time:	<b>~</b>
	Consumer requested an appointment outside of 14 days of this Intake	
	Reason for requesting an appointment outside of 14 days of this Intake	_
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	Save and Continue to Send Copy to Save CANCEL	
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Name: Case #: Case:

Date of Birth Home Phone Current Admission

Address

Primary Program: Case Holder:

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- 1. Basic Information
- 2. Medical Information
- 3. Health Conditions
- 4. Education & Employment
- 5. <u>Current Corrections</u> Related Status
- 6. Presenting Problems
- 7. Risk Assessment
- 8. Mental Status (MI/SED)
- 9. <u>Psychiatric and</u> <u>Substance Abuse</u> <u>History(MI/SED)</u>
- 10. <u>Substance Abuse Chart</u> (MI/SED)
- 11. DD Proxy Measures
- 12. <u>Service Eligibility</u> <u>Criteria (DD)</u>
- 13. Diagnosis
- 14. <u>Disposition/Designation</u>
- 15. Send Copy to
- 16. Signatures

## 15. Intake Assessment: Send Copy to

## Instructions:

Once this document has been signed, it will be copied and sent to all parties listed below. For all documents that are to be sent outside of your agency, please be sure you have a valid Authorization for Release of Information before adding this copy request.

- To notify staff of document completion, click on Send to Staff.
- To send a copy of this document to a location outside of your agency, click on **Send External Copy**.
- To share a copy of this document with another County / Affiliate click on Send Copy to County / Affiliate.

5 Document Copies								
Send Copy To / Review By Status								
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Send to Staff Send External Copy								
Record Added	Record Changed							
Save and Continue to Signatures	Save CANCEL							

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Date	e of Birth Home Phone Current Admission						
Add	lress		Primary Program: Case Holder:				
1.	Inde Basic Inform	<u>nation</u>	16. Intake Assessment: Signatures Service Activity Logs				
2.	Medical Info		Staff:	Date:	Contact Type:		
	Health Conc		Stair.	Begin:			
4.	Education & Employmen	•	Consumer:	End:	Attendance: Place of Service:	<u> </u>	
5.	Current Cor Related Star		_	SAL Spans Midnight	Staff Type:		
6.	Presenting F	Problems Problems	If this is <b>not</b> the program providing the service, please use the LOOKUP button to	□IDDT			
7.	Risk Assessi	<u>ment</u>	select a new program	Authorization:	СРТ	Code: lookup clear	
8.	Mental Statu (MI/SED)	<u>us</u>		-			
9.	Psychiatric a Substance A			Please use the LOOKUP be service provided		orization and CPT code for the	
10.	History(MI/S		Was physician on site? (Medicare)  O Yes O No	Physician on Site:	lookup clear		
	(MI/SED)						
	DD Proxy M		Electronic Signatures				
12.	Service Eligi Criteria (DD						
13.	<u>Diagnosis</u>						
	Disposition/						
	Send Copy to Signatures	<u>to</u>	Staff Signature Required By lookup				
	Supervisor Signature lookup clear						
			Physician Signature lookup cle	ar			
			Record Added	Reco	rd Changed		
			Save CANCEL				
E	Back Ho	ome					

Case #:

Case:

Name: