

- Male
- Female

- Divorced
- Never Married
- Widowed
- Married
- Separated

Race/Ethnic Origin 1

- N/A
- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some other race
- Unknown Race
- Consumer Refused to Provide Information

Race/Ethnic Origin 2

- N/A
- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some other race
- Unknown Race
- Consumer Refused to Provide Information

Race/Ethnic Origin 3

- N/A
- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Some other race
- Unknown Race
- Consumer Refused to Provide Information

Ethnicity/Cultural Identity

Hispanic or Latino / Latina

- Yes
- No
- Unknown

Arab American / Chaldean

- Yes
- No
- Unknown

Primary Spoken Language

Religion

Veteran Status

- Yes
- No
- Unknown

Parental Status (Has child under 18)

- Yes
- No

Department of Human Services

Child currently served by DHS for abuse and neglect

- Yes
- No

Child currently served by another DHS program

- Yes
- No

Child Enrolled in Early On

If consumer is an adult or a child NOT enrolled in Early On, select 'No'

- Yes
- No

Wraparound Service

- Yes
- No

Contact/Mailing Information

Select the Mail Recipient for this Consumer

- Consumer
- Guardian
- Parent
- Spouse
- Do not Mail
- Other

Do Not Mail

Do Not Call

Accommodations

characters left: 256



Will cultural considerations be a barrier to service?

- Yes
- No

Comments

characters left: 1024

✓ Spell Check

Name:

Case #:

Case:

Date of Birth

Home Phone

Current Admission

Address

Primary Program:
Case Holder:

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1. Intake Assessment: Basic Information - Contacts

Person Residing in Consumer's Home (complete if residing in private residence)			
Name	Year of Birth	Relationship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="clear"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="clear"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="clear"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="clear"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="clear"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="clear"/>
Add More Household Members			

Other Emergency Contact

Last Name

First Name

Phone Number

Cell Phone

Alt Phone

Email

Primary Phone

Home

Cell

Alternate

None

Address

City **State** **Zip**

Relationship

Mother Father

Child Legal Guardian

Spouse Unrelated

Sibling

Other

Not a US Address

Check if address is Same as Consumer

Additional Contact

Last Name

First Name

Phone Number

Cell Phone

Alt Phone

Email

Primary Phone

Home

Cell

Alternate

None

Address

City

State

Zip

[lookup](#)

Not a US Address

Check if address is Same as Consumer

[more](#)

Relationship

- Mother
- Father
- Child
- Legal Guardian
- Spouse
- Unrelated
- Sibling
- Other

[✓ Spell Check](#)

Record Added

Record Changed

Save and Continue to Guardians

Save

CANCEL

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Date of Birth Home Phone
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1. Intake Assessment: Basic Information - Guardians

Legal Guardian

No Guardianship in Place Parent(s) of Minor Child Court Appointed Guardian

Parent(s) of Minor Child Authorized to Consent to Treatment

[Clear Information](#)

Mother

Biological Mother Adoptive Mother

First Name

Last Name

Check if address is same as consumer - provide address if not the same

Address

Home Phone

Primary Phone

Home

Cell Phone

Cell

City

State

Zip

[lookup](#)

Alternate Phone

Alternate

Not a US Address

Email

[Clear Information](#)

Father

Biological Father Adoptive Father

First Name

Last Name

Check if address is same as consumer - provide address if not the same

Address

Home Phone

Primary Phone

Home

Cell Phone

Cell

City

State

Zip

[lookup](#)

Alternate Phone

Alternate

Not a US Address

Email

[Clear Information](#)

Divorce Information

If Parents are Divorced, Indicate Child Custody Status

Legal Custody: Sole-Mother Sole-Father Joint Unknown

Physical Custody: Sole-Mother Sole-Father Joint Unknown

Copy of Divorce Papers Scanned into FOCUS?

Yes No See Hybrid (Paper) Record

Additional Information Related to Parent Consent

characters left: 1024



Court Appointed Guardian

[Clear Information](#)

First Name

Last Name

Check if address is Same as Consumer

Address

Home Phone

Primary Phone

Home

Cell Phone

Cell

City State Zip [lookup](#)
[] [MI] []

Not a US Address

Alternate Phone
[]

Alternate
 None

Email
[]

Type of Guardianship

- Plenary of Person Plenary of Estate Plenary of Person and Estate
 Guardian Ad Litem DHS Ward - Permanent DHS Ward - Temporary
 Partial Describe Powers: []

Guardian's Relationship to Consumer

- Mother Father Child
 Spouse Sibling Public Guardian
 Unrelated Other []

Date of Court Order

[]

Expiration Date

[]

Copy of Guardianship Papers Scanned into FOCUS?

- Yes No See Hybrid (Paper) Record

Co-Guardian Information

[Clear Information](#)

First Name
[]

Last Name
[]

Check if address is Same as Consumer

Address
[]
[]

Home Phone
[]

Primary Phone

Home

Cell Phone
[]

Cell

Alternate Phone
[]

Alternate

None

City State Zip [lookup](#)
[] [MI] []

Not a US Address

Email
[]

Type of Guardianship

- Plenary of Person Plenary of Estate Plenary of Person and Estate
 Guardian Ad Litem DHS Ward - Permanent DHS Ward - Temporary
 Partial Describe Powers: []

Guardian's Relationship to Consumer

- Mother Father Child
 Spouse Sibling Public Guardian
 Unrelated Other []

Date of Court Order

[]

Expiration Date

[]

Copy of Guardianship Papers Scanned into FOCUS?

- Yes No See Hybrid (Paper) Record

Standby Guardian Information

[Clear Information](#)

First Name
[]

Last Name
[]

Check if address is Same as Consumer

Address
[]
[]

Home Phone
[]

Primary Phone

Home

Cell Phone
[]

Cell

Alternate Phone
[]

Alternate

None

City State Zip [lookup](#)
[] [MI] []

Not a US Address

Email
[]

Type of Guardianship

- Plenary of Person
- Plenary of Estate
- Plenary of Person and Estate
- Guardian Ad Litem
- DHS Ward - Permanent
- DHS Ward - Temporary
- Partial Describe Powers:

Guardian's Relationship to Consumer

- Mother
- Father
- Child
- Spouse
- Sibling
- Public Guardian
- Unrelated
- Other

Date of Court Order

Expiration Date

Copy of Guardianship Papers Scanned into FOCUS?

- Yes
- No
- See Hybrid (Paper) Record

Additional Guardianship Information

characters left: 1024

✓ Spell Check

Record Added

Record Changed

Save and Continue to Medical Information	Save	CANCEL
--	------	--------

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2. Intake Assessment: Medical Information

Consumer has Primary Physician (PHCP)

Yes No Date last seen: QHP :

Does consumer need assistance finding a PHCP?

Yes No

Physicians		
Location: <input type="checkbox"/> Primary Care Physician (PHCP) Date of Last Visit <input type="text"/>		
PHCP Name: <input type="text"/> lookup		
Location: <input type="checkbox"/> Primary Care Physician (PHCP) Date of Last Visit <input type="text"/>		
PHCP Name: <input type="text"/> lookup		
Add Physician to List		

Prescribed Medications

Medication	Dates	Prescribed By	Qty Prescribed

[Show/Hide Medication Information](#)

Other Medications

Medication	Medication Type	Dates	Prescribing Physician Info

Add new other medications for the client below.

Medication lookup clear	<input type="checkbox"/> Edit name (if not found)
Medication: <input type="text"/>	Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type <input type="text"/>	Dates Start: <input type="text"/> End: <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>
Prescribing Physician <input type="text"/>	Prescribing Physician Type <input type="text"/>
Medication lookup clear	<input type="checkbox"/> Edit name (if not found)
Medication: <input type="text"/>	Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type <input type="text"/>	Dates Start: <input type="text"/> End: <input type="text"/>
Instructions <input type="text"/>	Reason <input type="text"/>

<input type="text"/>	<input type="text"/>
Prescribing Physician	Prescribing Physician Type
<input type="text"/>	<input type="text"/>
Medication <input type="button" value="lookup"/> <input type="button" value="clear"/> <input type="checkbox"/> Edit name (if not found)	
Medication: <input type="text"/>	Dosage: <input type="text"/> Qty: <input type="text"/>
Medication Type	Dates
<input type="text"/>	Start: <input type="text"/> End: <input type="text"/>
Instructions	Reason
<input type="text"/>	<input type="text"/>
Prescribing Physician	Prescribing Physician Type
<input type="text"/>	<input type="text"/>
Add More Medications	

Spell Check

Record Added

Record Changed

<input type="button" value="Save and Continue to Health Conditions"/>	<input type="button" value="Save"/>	<input type="button" value="CANCEL"/>
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<input type="button" value="Back"/>	<input type="button" value="Home"/>
-------------------------------------	-------------------------------------

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3. Intake Assessment: Health Conditions

Health and Other Conditions

Hearing

Ability to hear (with hearing appliance normally used)

- Adequate
No difficulty in normal conversation, social interaction, listening to TV
- Minimal difficulty
Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
- Moderate difficulty
Problem hearing normal conversation, requires quiet setting to hear well
- Severe difficulty
Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
- No hearing

Hearing aid used

- Yes No

Vision

Ability to see in adequate light (with glasses or with other visual appliance normally used)

- Adequate
Sees fine detail, including regular print in newspapers/books or small items in pictures
- Minimal difficulty
Sees large print, but not regular print in newspapers/books or cannot identify large objects in pictures
- Moderate difficulty
Limited vision; not able to see newspaper headlines or small items in pictures, but can identify objects in his/her environment
- Severe difficulty
Object identification in question, but the person's eyes appear to follow objects, or the person sees only light, colors, shapes
- No vision
Eyes do not appear to follow objects; absence of sight

Visual appliance used

- Yes No

Health Conditions

Indicate whether or not the individual had the presence of each of the following health conditions, as reported by the individual, a health care professional or family member, in the past 12 months.

Pneumonia (2 or more times) - including Aspiration Pneumonia

- Never present
- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months
- Information unavailable

Asthma

- Never present

- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months
- 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
- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months
- Information unavailable

Gastroesophageal Reflux, or GERD

- Never present
- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months
- Information unavailable

Chronic Bowel Impactions

- Never present
- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months
- Information unavailable

Seizure disorder or Epilepsy

- Never present
- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months and seizure free
- Treated for the condition within the past 12 months, but still experience occasional seizures (less than one per month)
- Treated for the condition within the past 12 months, but still experience frequent seizures
- Information unavailable

Progressive neurological disease, include, Alzheimer's and Parkinson's disease

- Not present
- Treated for the condition within the past 12 months
- Information unavailable

Diabetes

- Never present
- History of condition, but not treated for the condition within the past 12 months
- Treated for the condition within the past 12 months
- Information unavailable

Hypertension

- Never present
- History of condition, but not treated for the condition within the past 12 months
- Treated for condition within the past 12 months and blood pressure is stable
- Treated for condition within the past 12 months, but blood pressure remains high or unstable
- Information is unavailable

Obesity

- Not present
- Medical diagnosis of obesity present or Body Mass Index (BMI) > 30

Pregnant?

- Yes No N/A

Immunizations current?

- Yes No

Child Only

Prenatal Exposure To

- Tobacco
- Alcohol
- Other Drugs

Current Exposure To

- Tobacco
- Alcohol
- Other Drugs

Tobacco Use Declined No Information Collected

Smoking Status / Tobacco Use

Provided consumer with advice to quit smoking or tobacco use, or recommended or discussed smoking or tobacco use cessation, medications, methods, or strategies

- Yes No

Pain

Scale (0=none, 10=severe)

Location of Pain

Treatment

characters left: 256



Controlled

- Yes No

Medical Issues (include communicable diseases)

None Reported

characters left: 30000



✓ Spell Check

Record Added

Record Changed

Save and Continue to Education & Employment

Save

CANCEL

Back

Home

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Case:

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4. Intake Assessment: Education & Employment

Education

- Unknown / Unreported
- Completed less than high school
- Completed special education, high school, or GED
- In school - Kindergarten through 12th grade
- In training program
- In Special Education
- Attended or is attending undergraduate college
- College graduate

Highest Grade

School Name and Location:

If in Special Ed, specify type

- Emotionally Impaired (EI)
- Cognitive Impaired (CI)
- Severely Multiply Impaired (SXI)
- Autistic Impaired (AI)
- Other Health Impairment (OHI)
- Not Applicable

Employment Status

- Employed full time (30 hours or more per week) competitively
- Employed part time (less than 30 hours per week) in competitively
- Unemployed - looking for work, and/or on layoff from job
- Participates in sheltered workshop or facility-based work
- In unpaid work (e.g. volunteering, internship, community service)
- Self-employed (e.g. micro-enterprise)
- In enclaves/mobile crews, agency-owned transitional employment
- Participates in facility-based activity program where specialty supports and services are provided to assist an individual in achieving non-work related goals
- Not in the competitive labor force – includes homemaker, child, student, retired, resident of an institution, or incarcerated

Earned wage is Minimum Wage or greater

- Yes
- No
- N/A - Person is not working

If employed, occupation:

✓ Spell Check

Record Added

Record Changed

Name:

Case #:

Case:

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5. Intake Assessment: Current Corrections Related Status

Corrections Related Status

- Unknown
- Not under the jurisdiction of a corrections or law enforcement program
- In prison
- Consumer refused to provide information
- Minor (under age 18) who was referred by the court
- Arrested and booked
- Diverted from arrest or booking
- In jail
- Paroled from prison
- Probation from jail
- Juvenile detention center
- Court supervision
- Awaiting trial
- Awaiting sentencing

Drug Court Client

Yes No

On Sex Offender Registry

Yes No

MPRI

Yes No

Arrest History

	Last 30 Days	Last 5 Years
Total Arrests	<input type="text"/>	<input type="text"/>
Possession / Sales	<input type="text"/>	<input type="text"/>
DUI / DWI	<input type="text"/>	<input type="text"/>

Narrative

characters left: 30000

✓ Spell Check

Record Added

Record Changed

Save and Continue to Presenting Problems

Save

CANCEL

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6. Intake Assessment: Presenting Problems

Presenting Problem/Reason For Initial Service Request

characters left: 30000

✓ Spell Check

Record Added

Record Changed

Save and Continue to Risk Assessment	Save	CANCEL
--------------------------------------	------	--------

Back	Home
------	------

Name:
 Date of Birth Home Phone
 Address

Case #:
 Current Admission

Case:

Primary Program:
 Case Holder:
 Disability Designation:

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7. Intake Assessment: Risk Assessment

SUICIDAL

	Present (< 30 days)	Recent (> 30 days - 1 year)	Past (> 1 year)
Ideation / Threat	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Attempt	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comments

characters left: 30000

HOMICIDAL

	Present (< 30 days)	Recent (> 30 days - 1 year)	Past (> 1 year)
Ideation / Threat	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Intent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Plan	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Attempt	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comments

characters left: 30000

TRAUMA

Experienced Yes No

Witnessed Yes No

	Present (< 30 days)	Recent (> 30 days - 1 year)	Past (> 1 year)
Abuse - Sexual	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Abuse - Verbal/Emotional	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Violence	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Neglect	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Environmental	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Description Of Trauma

characters left: 30000

HARM

	Present (< 30 days)	Recent (> 30 days - 1 year)	Past (> 1 year)
Self (Cutting, Binging/Purging,	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Alcohol/Drugs, & other
Risky Behaviors)

Others - Sexual

Yes No

Yes No

Yes No

Others - Physical

Yes No

Yes No

Yes No

Others -
Verbal/Emotional

Yes No

Yes No

Yes No

Comments

characters left: 30000



Immediate Action Needed?

Yes No

Involve

Supervisor

Hospital

Police

Protective Services (APS / CPS)

Other

Describe Action Taken

characters left: 30000



✓ Spell Check

Record Added

Record Changed

Save and Continue to Mental Status (MI/SED)

Save

CANCEL

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8. Intake Assessment: Mental Status (MI/SED)

General Behavior

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Hostile | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Agitated | <input type="checkbox"/> Guarded |
| <input type="checkbox"/> Dramatic | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Isolative |
| <input type="checkbox"/> Other: <input type="text"/> | | |

characters left: 256

Communication

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Soft | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Pressured | <input type="checkbox"/> Slurred | <input type="checkbox"/> Immature |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Non-verbal | |
| <input type="checkbox"/> Other: <input type="text"/> | | |

characters left: 256

Perceptions

- | | | | |
|---------------------------------|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Delusions | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Unknown |
|---------------------------------|------------------------------------|---|----------------------------------|

characters left: 256

Thought Process

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Tangential | <input type="checkbox"/> Delusions |
| <input type="checkbox"/> Associations | <input type="checkbox"/> Obsessive | <input type="checkbox"/> Ideas of References |
| <input type="checkbox"/> Grandiose | <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Rumination | <input type="checkbox"/> Loose | <input type="checkbox"/> Unknown |

characters left: 256

Mood

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Fearful | <input type="checkbox"/> Dysphoric |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Anxious | <input type="checkbox"/> Euphoric |
| <input type="checkbox"/> Apathetic | <input type="checkbox"/> Expansive | |

characters left: 256

Judgment

- | | | | |
|----------------------------|----------------------------|----------------------------|-------------------------------|
| <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor | <input type="radio"/> Unknown |
|----------------------------|----------------------------|----------------------------|-------------------------------|

If poor, explain:

characters left: 512

Impulse Control

Good Fair Poor

If poor, explain:

characters left: 512



Insight

Good Fair Poor N/A

characters left: 256



Sleep

Normal Increased Decreased Variable

characters left: 256



Appetite

Normal Increased Decreased Variable

characters left: 256



✓ Spell Check

Record Added

Record Changed

Save and Continue to Psychiatric and Substance Abuse History(MI/SED)

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9. Intake Assessment: Psychiatric and Substance Abuse History(MI/SED)

MH Treatment History

	Number of episodes	Last Year Used
<input type="checkbox"/> State Hospital	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Acute Community Hospital/ Intensive Crisis Residential/ Intensive Crisis Stabilization	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ACT/Home Based	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Outpatient / Community Services	<input type="text"/>	<input type="text"/>

SA Treatment History

Number of prior SA treatment episodes

Outpatient	<input type="text"/>
IOP	<input type="text"/>
Residential	<input type="text"/>
Detox	<input type="text"/>
Methadone	<input type="text"/>

Family History of Mental Illness and Substance Abuse

No Family History

Family Member	MI	SA	Disorder
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

UNCOPE - Additional Screening Instrument

Norman H. Hoffman, Ph.D.

- U** In the past year, have you ever drunk or **USED** drugs more than you meant to? Yes No
Or,
Have you spent more time drinking or using than you intended?
- N** Have you ever **NEGLECTED** some of your usual responsibilities because of using Yes No last year?
- C** Have you ever felt you wanted or needed to **CUT DOWN** on your drinking or drug use in the last year? Yes No
- O** Has anyone **OBJECTED** to your drinking or drug use? Yes No
Or,
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? Yes No
Or,
Have you found yourself thinking a lot about drinking or using?
- E** Have you ever used alcohol or drugs to relieve **EMOTIONAL DISCOMFORT** such as sadness, anger, or boredom? Yes No

Total Yes 0

Scoring

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

Four (4) or more positive responses strongly indicate dependence

UNCOPE Results

ASAM Result

[Complete 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

characters left: 8000



Narrative

characters left: 30000



✓ Spell Check

Record Added

Record Changed

Save and Continue to Substance Abuse Chart(MI/SED)

Save

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10. Intake Assessment: Substance Abuse Chart(MI/SED)

<input style="width: 100%;" type="text"/>					<i>Drug of Choice:</i>		Key 1 = First Choice - 10 = Last Choice			
<input type="button" value="Add Drug to List"/>					<i>Number of Days used in the Last 30 Days:</i>		0 = Not Used; 1-29 = No. of Days; 30 = Daily			
<i>Method Of Current Dosing:</i>					1 = Oral; 2 = Smoking; 3 = Snorting; 4 = IV; 5 = Other					
Type of Drug and Name	Drug of Choice	Age at First Use	Age at Problematic Use	Init.Rx	1- Heaviest Amount Consumed and when		Date of Last Use	Number of days drug used in last 30 days	Method of Current Dosing	
					2- Current Consumption					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

✓ Spell Check

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11. Intake Assessment: DD Proxy Measures

Clear Information

Date

[Use Current Date](#)

For purposes of these data elements, when the term 'support' is used, it means support from a paid or unpaid person or technological support needed to enable the individual to achieve his/her desired future. The kinds of support a person might need are:

- 'Limited' means the person can complete approximately 75% or more of the activity without support and the caregiver provides support for approximately 25% or less of the activity.
- 'Moderate' means the person can complete approximately 50% of the activity and the caregiver supports the other 50%.
- 'Extensive' means the person can complete approximately 25% of the activity and relies on the caregiver to support 75% of the activity.
- 'Total' means the person is unable to complete the activity and the caregiver is providing 100% of support.

Predominant Communication Style

Indicate from the list below how the individual communicates most of the time

- English language spoken by the individual
- Assistive technology used
Includes computer, other electronic devices or symbols such as Bliss board, or other 'low tech' communication devices.
- Interpreter used
This includes a foreign language or American Sign Language (ASL) interpreter, or someone who knows the individual well enough to interpret speech or behavior.
- Alternative language used
This includes a foreign language, or sign language without an interpreter.
- Non-language forms of communication used
Gestures, vocalizations or behavior.
- No ability to communicate

Ability to Make Self Understood

Ability to communicate needs, both verbal and non-verbal, to family, friends, or staff

*For reporting children 5 or younger-

Report 'Rarely or Never Understood' when understanding is limited to interpretation of every person-specific sounds or body language and/or a child age 5 or younger is not yet using verbal or non-verbal communication.

- Always Understood
Expresses self without difficulty
- Usually Understood
Difficulty communicating BUT if given time and/or familiarity can be understood, little or no prompting required
- Often Understood
Difficulty communicating AND prompting usually required
- Sometimes Understood
Ability is limited to making concrete requests or understood only by a very limited number of people
- Rarely or Never Understood
Understanding is limited to interpretation of very person-specific sounds or body language

Support with Mobility

*For reporting children 5 or younger-

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

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

Extensive Support

Uses wheelchair exclusively, needs extensive support to transfer, move the wheelchair, and/or shift positions in chair or bed

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.

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

Enteral feeding into stomach

e.g., G-tube or PEG tube

Enteral feeding into jejunum

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, long-handled 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

Moderate Physical Support

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

Extensive Support

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

Total Support

Requires full support of another person to complete personal care tasks (unable to participate in tasks)

Relationships

Indicate whether or not the individual has 'natural supports' defined as persons outside of the mental health system involved in his/her life who provide emotional support or companionship.

- Extensive involvement, such as daily emotional support/companionship
- Moderate involvement, such as several times a month up to several times a week
- Limited involvement, such as intermittent or up to once a month
- Involved in planning or decision-making, but does not provide emotional support/companionship
- No involvement

Status of Family/Friend Support System

Indicate whether current (unpaid) family/friend caregiver status is at risk in the next 12 months; including instances of caregiver disability/illness, aging, and/or re-location. 'At risk' means caregiver will likely be unable to continue providing the current level of help, or will cease providing help altogether but no plan for replacing the caregiver's help is in place.

- Caregiver status is not at risk
- Caregiver is likely to reduce current level of help provided
- Caregiver is likely to cease providing help altogether
- Family/friends do not currently provide care
- Information unavailable

Support for Accommodating Challenging Behaviors

Indicate the level of support the individual needs, if any, to accommodate challenging behaviors. 'Challenging behaviors' include those that are self-injurious, or place others at risk of harm. (Support includes direct line of sight supervision)

- No challenging behaviors, or no support needed
- Limited Support, such as support up to once a month
- Moderate Support, such as support once a week
- Extensive Support, such as support several times a week
- Total Support - Intermittent, such as support once or twice a day
- Total Support - Continuous, such as full-time support

Presence of a Behavior Plan

Indicate the presence of a behavior plan during the past 12 months.

- No Behavior Plan
- Positive Behavior Support Plan or Behavior Treatment Plan without restrictive and/or intrusive techniques requiring review by the Behavior Treatment Plan Review Committee
- Behavior Treatment Plan with restrictive and/or intrusive techniques requiring review by the Behavior Treatment Plan Review Committee

Use of Psychotropic Medications TIP

Fill in the number of anti-psychotic and other psychotropic medications the individual is prescribed. See the codebook for further definition of 'anti-psychotic' and 'other psychotropic' and a list of the most common medications.

Number of Anti-Psychotic Medications

Psychiatric medications primarily used to manage psychosis.

Number of Other Psychotropic Medications

Includes anti-convulsant, anti-anxiety, anti-depressant, ADHD, Bi-Polar, OCD and other psychiatric medications prescribed.

Notes

characters left: 4000



✓ Spell Check

Record Added

Record Changed

Save and Continue to Service Eligibility Criteria (DD)

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12. Intake Assessment: Service Eligibility Criteria (DD)

Service Eligibility Criteria for Individuals with Developmental Disabilities (Must Serve)

Strict adherence to the Mental Health Code definition of developmental disability:

A. If applied to an individual older than 5 years, a severe, chronic condition that meets ALL of the following requirements:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.

Because disabilities that have not traditionally been considered developmental disabilities, e.g., muscular dystrophy, multiple sclerosis, can be consistent with the code definition, and though the DCH has not provided funding for them, applicants cannot be denied CMH services on the basis of having these disabilities. Most frequently, however, other special community agencies and supports will provide better service alternatives and should be pursued.

2. Is manifested before the individual is 22 years old

3. Is likely to continue indefinitely

4. Results in SUBSTANTIAL FUNCTIONAL LIMITATIONS in 3 or more of the following areas of major life activity:

- a. Self-care
- b. Receptive and expressive language
- c. Learning
- d. Mobility
- e. Self-Direction
- f. Capacity for independent living
- g. Economic self-sufficiency

Unable to define "substantial functional limitation" concretely, MCCMH prefers using three other means by which to make service eligibility decisions when the degree of functional limitation is far from clear. The individual can be considered to have a disability that results in "substantial functional impairment" if:

1) the individual has obtained SSI or SSD on the basis of a disability

-- OR --

2) school testing establishes that the individual is EMI or SMI and has an IQ of 69 or lower

-- OR --

3) a CMH psychologist confirms it through psychological testing

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of a lifelong or extended duration and are individually planned and coordinated

B. If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above if services are not provided

✓ Spell Check

Record Added

Record Changed

Save and Continue to Diagnosis

Save

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13. Intake Assessment: Diagnosis

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/> Use Current Date	<input type="text"/>
Sec				<input type="text"/> Use Current Date	<input type="text"/>
Ter				<input type="text"/> Use Current Date	<input type="text"/>

Substance Abuse Diagnoses

	ICD-9	DSM-IV	Description	Status Date	Status
AXIS I Pri				<input type="text"/> Use Current Date	<input type="text"/>
	Specifier / Status Detail: <input type="text"/>				
Sec				<input type="text"/> Use Current Date	<input type="text"/>
	Specifier / Status Detail: <input type="text"/>				
Ter				<input type="text"/> Use Current Date	<input type="text"/>
	Specifier / Status Detail: <input type="text"/>				

	ICD-9	DSM-IV	Description	Status Date	Status
AXIS II	Pri			<input type="text"/> Use Current Date	<input type="text"/>
	Sec			<input type="text"/> Use Current Date	<input type="text"/>
	Ter			<input type="text"/> Use Current Date	<input type="text"/>

	ICD-9	DSM-IV	Description	Status Date	Status
AXIS III	Pri			<input type="text"/> Use Current Date	<input type="text"/>
	Sec			<input type="text"/> Use Current Date	<input type="text"/>
	Ter			<input type="text"/> Use Current Date	<input type="text"/>

- | | |
|--|---|
| <input type="checkbox"/> Economic problems | <input type="checkbox"/> Problem with primary support group |
| <input type="checkbox"/> Problem accessing healthcare | <input type="checkbox"/> Problem related to social environment |
| AXIS IV <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problem related to interaction with legal system |
| <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Other psychosocial and environmental problems |
| <input type="checkbox"/> Housing problems | <input type="checkbox"/> Behavioral / Personality issues |

AXIS V **Current GAF** **Date**

[Use Current Date](#)

[Show Functional Assessment Measure History](#)

Diagnostic Formulation

characters left: 4096

Co-Occurring Consumer Quadrant

Co-Occurring Consumer Quadrant Comments

Additional Information / Help

characters left: 1024

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

[Use Current Date](#)

Disability Designation

Developmental Disability

Yes No

Mental Illness

Yes No

SUD

No SUD

Not Evaluated for SUD

1 or more SUD Dx Codes active or in partial remission (use within past year)

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

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



✓ Spell Check

Record Added

Record Changed

Save and Continue to Disposition/Designation

Save

CANCEL

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14. Intake Assessment: Disposition/Designation

Stage Of Change

- Precontemplation
- Contemplation
- Action
- Maintenance

Summary of Findings and Recommendations

An interpretive summary of findings that includes diagnostic formulation (sxs, functioning, hx), and summary of clinical and/or supports needs to be addressed by MCCMH services.

characters left: 30000

Disposition

- Refused Service
- Not Eligible For Service
 - Does not meet criteria
 - Does not meet level of care
 - Referred to Access Center
- Admitted for CMHSP Service
 - MI Adult
 - DD Child
 - SA
 - MI/SA
 - IMH/Early On

Preliminary Plan of Service

Refer for psychological evaluation

- Yes No
- Not at this time

Refer for psychiatric evaluation

- Yes No
- Not at this time

Refer to nurse for further evaluation

- Yes No
- Not at this time

The following are step(s) that will be taken to reach the identified outcomes

Include specific step(s), how often each step will be taken, and the date the step(s) will be considered complete. Identify who is responsible for providing interventions at each step.

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.

characters left: 30000



Information regarding ongoing services - times available, further evaluation needed, records needed/requested

characters left: 30000



For appointments scheduled outside of FOCUS:

Provider [lookup](#) [clear](#)

Staff [lookup](#) [clear](#)

Date Offered



Time:



Date Accepted



Time:



Consumer requested an appointment outside of 14 days of this Intake

Reason for requesting an appointment outside of 14 days of this Intake

characters left: 256



[✓ Spell Check](#)

Record Added

Record Changed

Save and Continue to Send Copy to

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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**.
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5 Document Copies

Send Copy To / Review By	Status
<input type="text"/> lookup clear	
<input type="text"/> lookup clear	
<input type="text"/> lookup clear	
Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> <input type="text"/>	
Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> <input type="text"/>	

[Send to Staff](#)

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Record Added

Record Changed

Save and Continue to Signatures

Save

CANCEL

Back

Home

Name:
Date of Birth Home Phone
Address

Case #:
Current Admission
Primary Program:
Case Holder:

Case:

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16. Intake Assessment: Signatures

Service Activity Logs

Staff: Consumer: <input type="text"/>	Date: Begin: <input type="text"/> <input type="text"/> End: <input type="text"/> <input type="text"/> <input type="checkbox"/> SAL Spans Midnight <input type="checkbox"/> IDDT	Contact Type: <input type="text"/> Attendance: <input type="text"/> Place of Service: <input type="text"/> Staff Type: <input type="text"/>
If this is not the program providing the service, please use the LOOKUP button to select a new program		Authorization: <input type="text"/> CPT Code: <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="clear"/>
Was physician on site? (Medicare) <input type="radio"/> Yes <input type="radio"/> No		Physician on Site: <input type="text"/> <input type="button" value="lookup"/> <input type="button" value="clear"/>

Electronic Signatures

Staff Signature Required By

Supervisor Signature

Physician Signature

Record Added

Record Changed