

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
PSYCHIATRIC EVALUATION

Name: _____ Case #: _____ Case: _____
 Date of Birth _____ Home Phone _____ Current Admission _____
 Address _____ Primary Program: _____
 Case Holder: _____

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1. Psychiatric Evaluation: Basic Information

Evaluation Date Start Time End Time
[Use Current Date](#)

Psychiatrist Case Manager

Therapist

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

Presenting Problem(s)/Disability

characters left: 30000

History of Present Illness

characters left: 30000

Consumer Name	Case #	DOB	Home Phone	Status
Eligibility/Insurance Information				

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2. Psychiatric Evaluation: SA Chart

MH Treatment History

Consumer denies MH Treatment

characters left: 30000

SA Treatment History

Consumer denies SA Treatment

characters left: 30000

<input type="text"/> Drug of Choice: 1 = First Choice - 10 = Last Choice									
<input type="button" value="Add Drug to List"/>	Number of Days used in the Last 30 Days: 0 = Not Used; 1-29 = No. of Days; 30 = Daily								
Method Of Current Dosing: 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"/>		1 <input type="text"/> 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="-"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	1 <input type="text"/> 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="-"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	1 <input type="text"/> 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="-"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	1 <input type="text"/> 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="-"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		1 <input type="text"/> 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="-"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		1 <input type="text"/> 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="-"/>

Record Added

Record Changed

<input type="button" value="Save and Continue to Medications"/>	<input type="button" value="Save"/>	<input type="button" value="CANCEL"/>
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3. Psychiatric Evaluation: Medications

Current Medical Problems

characters left: 30000



Last PCP Effective Date

Last Menstrual Period

Prescribed Medications

Medication	Dates	Prescribed By	Qty Prescribed

✓ Spell Check

Record Added

Record Changed

Save and Continue to History
Save
CANCEL

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4. Psychiatric Evaluation: History

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"/>

Family / Friend History of Suicidal Behaviors

No History

characters left: 30000



Social History

Educational history, developmental history, family history, legal history, current social activities/sports

characters left: 30000



✓ Spell Check

Record Added

Record Changed

Save and Continue to Assessment

Save

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5. Psychiatric Evaluation: Assessment

Appearance

Cachectic Obese Frail Muscular Average Other:

Comments

Text area for appearance comments with vertical scrollbar.

characters left: 12048



Speech

Rate Increased Decreased Normal Good

Rhythm Increased Decreased Normal Fair

Volume Increased Decreased Normal Poor

Eye Contact

Comments

Text area for speech comments with vertical scrollbar.

characters left: 12048



Manner

Cooperative Reserved Guarded Provocative Hostile Other:

Comments

Text area for manner comments with vertical scrollbar.

characters left: 12048



Kinetics

Agitated Retarded Normal Tardive Dyskinesia Other:

Mood (Client's Statement)

Text area for mood comments with vertical scrollbar.

characters left: 12048



Affect

Euthymic Euphoric Labile Silly Irritable

Angry Full Constricted Blunted Flat

Tearful Appropriate to mood Inappropriate to mood

Thought Processes

Perseverative Bizarre Disorganized Racing

Poverty Logical Other:

Memory

No memory impairment Impaired immediate recall Impaired short term recall

Impaired long term recall Impaired remote recall Other:

Intelligence

Above average intelligence Average intelligence Below average intelligence
 Knowledge fund adequate Knowledge fund poor

Hallucinations

Auditory Visual Olfactory Tactile Command Suspected Denies

Delusions

Persecutory Jealous Nihilistic Religious Somatic
 Suspected Grandiose Denies Other:

Other

Thought blocking Thought insertion Thought control
 Ideas of Reference Obsessive/Compulsive Other:

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



Orientation

Oriented in all areas Disoriented to time Disoriented to place
 Disoriented to person Disoriented to situation

Judgment

Generally good judgment Unable to make major life decisions
 Unable to make daily life decisions Impaired/consider a guardian

Insight

Recognizes own strengths/weaknesses Ambivalent about changes/resource use
 Limited understanding of illness/recovery No understanding of illness/disability

Impressions

Empty text area with a vertical scrollbar on the right side.

characters left: 30000



✓ Spell Check

Record Added

Record Changed

Save and Continue to Diagnosis and Plan | **Save** | **CANCEL**

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6. Psychiatric Evaluation: Diagnosis and Plan

	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

AXIS I

	ICD-9	DSM-IV	Description	Status Date	Status
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"/>		

AXIS II

	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"/>

AXIS III

	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"/>

AXIS IV

- | | |
|---|---|
| <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 |
| <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

characters left: 1024



Additional
Information /
Help

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

[Use Current Date](#)

History of Diagnosis [lookup](#)

Last Updated

Plan (outcomes/steps)

characters left: 12048



[✓ Spell Check](#)

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Save and Continue to Send Copy to

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7. Psychiatric Evaluation: 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
<input type="text"/> lookup clear	
<input type="text"/> lookup clear	
<input type="text"/> lookup clear	
<p>Location: lookup clear</p> <p>Contact Name: <input type="text"/></p> <p>Purpose: <input type="text"/> <input type="text"/> <input type="text"/> ?</p>	
<p>Location: lookup clear</p> <p>Contact Name: <input type="text"/></p> <p>Purpose: <input type="text"/> <input type="text"/> <input type="text"/> ?</p>	

[Send to Staff](#)

[Send External Copy](#)

Record Added

Record Changed

Save and Continue to Signatures

Save

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8. Psychiatric Evaluation: Signatures

Service Activity Logs

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

Electronic Signatures

Psychiatrist / NP Signature Required By

Record Added

Record Changed