

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
SPECIALIZED NURSING ASSESSMENT

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

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1. Specialized Nursing Assessment: Initial Information

Assessment Date

[Use Current Date](#)

Pertinent Medical History (include medical diagnosis, treatments, and providers)

characters left: 30000



Summary of health status this past year

characters left: 30000



Consumer Self Reported Health Issues

characters left: 30000



✓ Spell Check

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2. Specialized Nursing 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

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

Additional Information /

characters left: 1024

Help

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

 

[Use Current Date](#)

History of Diagnosis

Last Updated

Spell Check

Record Added

Record Changed

Save and Continue to Medications

Save

CANCEL

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3. Specialized Nursing Assessment: Medications

Prescribed Medications

Medication	Dates	Prescribed By	Qty Prescribed

[Show/Hide Medication Information](#)

Other Medications

Medication	Medication Type	Dates	Prescribing Physician Info

Record Added

Record Changed

Save and Continue to Vitals	Save	CANCEL
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4. Specialized Nursing Assessment: Vitals

No Vital Signs exist

Collection Information

Collection Date Collection Time

[Use Current Date](#)

General Information

Height ft in Declined No Information Collected

Weight lbs oz Declined No Information Collected

Waist Circumference in Declined No Information Collected

BMI

Pregnant Yes No N/A

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

Temperature Declined No Information Collected

Value

Pulse Declined No Information Collected

Value

Respiration Declined No Information Collected

Value

Blood Pressure Declined No Information Collected

Sitting Systolic / Diastolic

Standing Systolic / Diastolic

Comments

Reaction Cooperative Declined Resisted (uncooperative)

Comments

characters left: 2048

Record Added

Record Changed

Save and Continue to Body Systems Assessment

Save

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5. Specialized Nursing Assessment: Body Systems Assessment

Mental Status

- Lethargic but easy to arouse
- Oriented to person/place/time
- Confused
- Memory loss
- Addictions
- Agitation
- No problem identified at this time

Comments

characters left: 30000

Speech

- Doesn't speak English
- Non-verbal
- Speech impediment
- Cannot understand
- Aphasic
- Other
- No problem identified at this time

Comments

characters left: 30000

Vision/Eyes

- Functional
- Limited right
- Limited left
- Blindness right
- Blindness left
- Glaucoma right
- Glaucoma left
- Glasses
- Contact lenses
- Cataracts right
- Cataracts left
- Redness
- Burning
- Itching
- Blurring
- Non-reactive
- Unequal
- Other
- No problem identified at this time

Comments

characters left: 30000

Hearing

- Functional
- Impaired right
- Impaired left
- Deaf right
- Deaf left
- Hearing aid right
- Hearing aid left
- Other
- No problem identified at this time

Comments

characters left: 30000

Nose

- Allergies
- Nasal discharge
- Other
- No problem identified at this time

Comments

characters left: 30000



Throat/Mouth

- Redness
- Dysphagia
- Broken/Missing teeth
- No teeth
- Upper dentures
- Lower dentures
- Partial dentures
- Gingivitis
- Halitosis
- Needs assistance with care
- Other
- No problem identified at this time

Comments

characters left: 30000



Skin

- Dry
- Abnormal turgor
- Moist
- Warm
- Cool
- Pale
- Dusky
- Flushed
- Lesions
- Rash
- Eczema
- Psoriasis
- Other
- No problem identified at this time

Comments (Identify Bruises/Rashes/Scars/Ulcerations/Incisions/Decubitus/Abrasions/Edema)

characters left: 30000



Respiratory

- Shortness of breath/at rest
- Shortness of breath/exertion
- Shallow
- Labored
- Tracheotomy
- Smoker
- Non-smoker
- Cough
- Bronchitis
- Pneumonia
- Sleep Apnea
- Asthma
- COPD
- Oxygen Use
- Other
- No problem identified at this time

Comments

characters left: 30000



Cardiovascular

- Irregular
- Strong
- Weak
- Dizziness
- Fainting
- Chest Pain
- Fatigue
- Hypertensive
- Heart Palpitation
- Pulse/strong
- Pulse/weak
- Atherosclerosis
- CHF
- Stroke
- Anemia
- Hypotensive

Make

Date Last Checked
Month Year

- Pace Maker
- Other
- No problem identified at this time

Comments

characters left: 30000



Musculoskeletal

- Lack of coordination
- Weakness
- Sensory loss
- Contractures
- Limited range of motion
- Deformities
- Amputation
- Gait impairment
- Joint/Muscle pain
- Paralysis
- Spasticity
- Mobility Device
- MS
- Other
- No problem identified at this time

Comments

characters left: 30000



Extremities - Upper

- Discolored
- Edema
- Mycotic nails
- Ulcers
- Contractures
- Arthritis
- Other
- No problem identified at this time

Comments

characters left: 30000



Extremities - Lower

- Discolored
- Edema
- Mycotic nails
- Ulcers
- Contractures
- Varicose veins
- Other
- No problem identified at this time

Comments

characters left: 30000



Neurological

- Seizures
- Tremors
- Numbness
- Tingling
- Headaches
- Head injury
- Dizziness/vertigo
- Blackouts/syncope
- General weakness
- Paralysis
- Short-term memory loss
- Long-term memory loss
- Alzheimers
- Shunt
- Other
- No problem identified at this time

Comments

characters left: 30000



Gastrointestinal

- Appetite problem Constipation Ileostomy
- Colostomy Hemorrhoids Nausea/Vomiting Distended abdomen
- Feeding tube Diarrhea Involuntary bowel movement
- Jaundice Abdominal pain GERD
- Other
- No problem identified at this time

Use of laxatives

- Yes No

Frequency of usage

Hepatitis

- Yes No

Indicate treating physician, date of diagnosis, type of Hepatitis and current treatment

characters left: 8000



Comments

characters left: 30000



Genitourinary

- Urinary incontinence Dribbling Nocturnal incontinence
- Burning Frequency Urinary appliance
- Hematuria Dysuria Odor
- Dialysis UTI
- Other
- No problem identified at this time

Comments

characters left: 30000



Reproductive

- Menses Dysmenorrhea
- Pre-menstrual syndrome Menopause
- Contraceptives **Method:**
- Not sexually active

Last menstrual period

Month	Year

- Gravida Para
- Number of:**
- Abortion **Number of:**
- Number of:**

No problem identified at this time

Comments

characters left: 30000



Endocrine

Diabetes

Thyroid Disorder

Other

Comments

characters left: 30000



Hygiene

Poor

Fair

Requires prompts

Independent

Dependent

No problem identified at this time

Comments

characters left: 30000



Pain

No pain reported at this time

Pain scale (rate 0-10)

Describe where the pain is located, the known cause of the pain, and treatment

characters left: 30000



Other

Communicable Disease

Substance Abuse

Physical Abuse

Accidents

Surgery

Major Family Medical Health History

Fluid Restrictions

Do you have difficulty acquiring medication from the pharmacy?

Yes No N/A

Do you have difficulty filling your medication box?

Yes No N/A

Comments

characters left: 8000



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6. Specialized Nursing Assessment: Exam / Immunizations

Exam Type	Last Exam Date	Date Due	Not Applicable
Physical	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Audio	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Visual	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dental	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Pap/Pelvic	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Breast Exam	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mammogram	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prostate	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prostate Specific Antigen	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
EEG	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
EKG	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
TB Test	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Chest X-ray	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Other exams/laboratory tests:

characters left: 30000



Immunizations	Last Date	Date Due
Tetanus	<input type="text"/>	<input type="text"/>
Heptavax	<input type="text"/>	<input type="text"/>
Influenza	<input type="text"/>	<input type="text"/>
Pneumovax	<input type="text"/>	<input type="text"/>

Indicate additional immunizations received, especially children's immunizations.

characters left: 30000



Susceptibility to Hypothermia and/or Hyperthermia and related conditions:

characters left: 30000



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7. Specialized Nursing Assessment: Recommendations

Safety concerns

characters left: 30000



Barriers to care

characters left: 30000



Nursing summary of findings

characters left: 30000



Recommendations (include frequency of monitoring)

characters left: 30000



Person Who Completed This Assessment

Spell Check

Record Added

Record Changed

Save and Continue to Send Copy to

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8. Specialized Nursing 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
<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"/> <input type="text"/> ?	
Location: lookup clear Contact Name: <input type="text"/> Purpose: <input type="text"/> <input type="text"/> <input type="text"/> ?	

[Send to Staff](#)

[Send External Copy](#)

Record Added

Record Changed

Save and Continue to Signatures

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9. Specialized Nursing Assessment: Signatures

Service Activity Logs

Staff:	Date:	Contact Type:
Consumer:	Begin: <input type="text"/> <input type="text"/>	Attendance: <input type="text"/>
<input type="text"/>	End: <input type="text"/> <input type="text"/>	Place of Service: <input type="text"/>
<input type="text"/>	<input type="checkbox"/> SAL Spans Midnight	Staff Type: <input type="text"/>
<input type="checkbox"/> IDDT		
Authorization:		CPT Code: <input type="text"/> <input type="text"/>
Please use the LOOKUP button to find an authorization and CPT code for the service provided		
Was physician on site? (Medicare)		Physician on Site: <input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>

Electronic Signatures

Staff Signature Required By

Record Added

Record Changed