



CAMHS

Community Addiction & Mental Health
Services of Haldimand & Norfolk

TELEMEDICINE SERVICES Brant Haldimand Norfolk

TMS INITIAL MENTAL HEALTH ASSESSMENT

NAME:	I.D. #	D.O.B.
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(OPTINAL)

ADDRESS:		
CITY:	P.C.	
HOME PHONE:	ALTERNATE PHONE:	
G.P:	MARITAL STATUS:	AGE:

ASSESSMENT DATE:	CLINICIAN:
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REASON FOR REFERRAL:

CHIEF COMPLAINT: (in patient's own words)

HISTORY OF PRESENTING PROBLEM:

STRESSORS/PRECIPIATING FACTORS
Work: <input type="checkbox"/> Family: <input type="checkbox"/> Marital: <input type="checkbox"/> Financial: <input type="checkbox"/> Interpersonal: <input type="checkbox"/>
Housing: <input type="checkbox"/> Other

REVIEW OF SYMPTOMS (indicate Yes or No)

Depression	Y	N	Psychosis	Y	N	Eating Disorder (optional)	Y	N
Depressed Mood			Delusions			Restriction of Intake		
Loss of Interest			Vis. Hallucinations			Body Image Distortion		
Hopelessness			Aud. Hallucinations			Binging		
Suicidal Thoughts			Anxiety			Purging		
Sleep						Loss of Menses		
Change in Energy:			Panic Attacks			Current Wt		
Increased			Excessive Worries			Other (optional)		
decreased			PTSD:				Phobias	
Change in Appetite:				Nightmares			Other	
Increased			Flashbacks			Development Disorder		
decreased			Avoidance			Organic Brain Disorder		
Low sex drive			Exaggerated Startle			Acquired Brain Injury		
Poor concentration								
Neg. Self Evaluation								
Guilt			BPD Screen (screen with BAD**)			Y	N	
Mania			~ symptoms must be persistent ~					
			Unstable intense relationships					
Euphoria (if yes screen for BPD)			Poor sense of self/chronic feelings of emptiness					
Mood Scale			Impulsive					
			Marked mood reactivity **					
0 1 2 3 4 5 6 7 8 9 10			Transient stress related psychosis or dissociation					
			Fear of abandonment/rejection					
			Difficulty controlling; inappropriate, Intense anger					
			Recurrent suicidal behaviors, gestures Self mutilating behaviors					

DETAILS OF CURRENT SYMPTOMS

SUBSTANCE USE GAMBLING:

Substance	Present	Past	Amount	Frequency	Duration

CURRENT MEDICATIONS (incl. OTC and Herbal Supp):

ALLERGIES: _____

Pharmacy _____ (t) _____

FAX # _____

Consent to contact Pharmacy: Yes No

Medications:

Self-administered: yes no

Supervised: yes by _____

Method: bottle dosette blister

Understanding of medication: Good Fair Poor

Medication issues: _____

PAST PSYCHIATRIC HISTORY: (diagnosis, treatment, admissions-most recent if many)

Consult Notes requested [] Discharge summary (most recent) requested []

PAST MEDICATION TRAILS: (max. dose, duration on this dose, why was it stopped)

FAMILY PSYCIATRIC HISTORY: (relative, diagnosis, medications that helped)

MEDICAL HISTORY

Affect
normal ✓ constricted ✓ blunted ✓ flat ✓ labile ✓ euphoric ✓ elated ✓ expansive ✓ manic ✓ irritable ✓ angry ✓ anxious ✓ calm ✓ appropriate ✓ incongruent ✓ other _____
THOUGHT FORM:
normal ✓ incoherent ✓ illogical ✓ flight of ideas ✓ tangential ✓ circumstantial ✓ perseveration ✓ distractible ✓ loose associations ✓ poverty of speech ✓
Details:
THOUGHT CONTENT:
See Review of the Symptoms/Details of current symptoms
COGNITION:
alert ✓ oriented ✓ normal memory ✓ short term memory problems ✓ long term memory problems ✓ family/others expressed concerns ✓ further cognitive screening recommended ✓ see G-supplement Pg 1 ✓ 2 ✓ 3 ✓ and testing

RISK ASSESSMENT

DANGER TO SELF (✓ check all that apply)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<19 yrs or > 45 yrs	marital status	recent loss	
flat affect	major mental illness	financial strain	
pervasive hopelessness	command hallucination	lack of supports	
passive death wish	previous suicide attempt	Major medical illness	
suicidal thoughts	family history of suicide	unemployment	
suicidal intentions	EtOH drug use	relationship strain	
suicidal plan	access to weapons	legal difficulties	
DANGER TO OTHERS (✓ check all that apply)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
homicidal thoughts	access to weapons		
current violent plan	EtOH/drug use		
violent intentions	fears consequences		
paranoid idealation	BPD/ASPD/brain injury/poor impulse control		
command hallucinations	history of violence		
	violent social environment		
RISK ASSESSMENT SUMMARY (✓)			
	low	moderate	high

To self			
To others			
INSIGHT	poor	fair	(PAGE 6 OF __
into illness			
Into need for treatment			
JUDGEMENT			

IMPRESSION/FORMULATION:

SUGGESTIONS:

