

# Wildwood Case Management Unit

## Intake Assessment Form

Client Name  #

D.O.B.  Unit #

Date of Assessment

### 1. PRESENTING PROBLEM (Functional impairment, symptoms, background)

### 2. CURRENT CLIENT INVOLVMENT WITH OTHER AGENCIES

| Agency/Person | Phone | Service | Date |
|---------------|-------|---------|------|
|               |       |         |      |
|               |       |         |      |
|               |       |         |      |

### 3. ASSESSMENT OF LIFE CIRCUMSTANCES OR CHANGES IN THE FOLLOWING AREAS

Family

Social

Support

Legal

Education

Occupation

Finances

Psychosocial & environmental problems

**4. CURRENT MEDICAL CONDITIONS**

| Condition | Physician | Treatment |
|-----------|-----------|-----------|
|           |           |           |
|           |           |           |
|           |           |           |
|           |           |           |
|           |           |           |
|           |           |           |
|           |           |           |
|           |           |           |

**5. PREGNANT**    YES    NO

Receiving prenatal care?    YES    NO

**6. PRIMARY CARE PHYSICIAN**

## 7. CURRENT MEDICATIONS

| Name/Dosage | Prescribed by | Condition |
|-------------|---------------|-----------|
|             |               |           |
|             |               |           |
|             |               |           |

Side effects

Medication allergies

## 8. RELATIONSHIP RISK FACTORS:

Is client safe at home?  YES  NO

Does client feel threatened in any way?  YES  NO

If YES describe

Has client been abused in any way?  YES  NO

If YES check all that apply

Physical  Emotional  Sexual

Relationship of perpetrator to client

Any legal action taken?

Does client have a safety plan?  YES  NO

Needs shelter  YES  NO

Needs protection from abuse order  YES  NO

## 9. SUICIDE/HOMICIDE EVALUATION

Client's self rating of suicide risk

Client's self rating of becoming violent

Client's self-rating of homicide risk

(1 – none 2 – slight 3 – moderate 4 – extreme/immediate)

## 10. MENTAL STATUS EXAM

### Appearance

age appropriate  well groomed  disheveled/unkempt  bizarre  other

### Orientation

person  place  time  situation

### Behavior/Eye Contact

good  limited  avoidant  none  relaxed/calm  restless  rigid  
 agitated  slumped posture  tense  tics  tremors

### Motor Activity

mannerisms  motor retardation  catatonic behavior

### Manner

appropriate  trusting  cooperative  inappropriate  withdrawn  seductive  
 playful  evasive  guarded  sullen  passive  defensive  hostile  
 manic  demanding  inappropriate boundaries

### Speech

normal  incoherent  pressured  too detailed  slurred  slowed  
 impoverished  halting  neologisms  neurological language disturbances

### Mood

appropriate  depressed  irritable  anxious  euphoric  fatigued  
 angry  expansive

### Affect

broad  tearful  blunted  constricted  flat  labile  excited  
 anhedonic

### Sleep

good  fair  poor  increased  decreased  initial insomnia  
 middle insomnia  terminal insomnia

### Appetite

good  fair  poor  increased  decreased  weight gain  weight loss

### Thought process

logical and well organized  illogical  flight of ideas  circumstantial  
 loose associations  rambling  obsessive  blocking  tangential  
 spontaneous  perseverative  distractible

### Thought content

delusions  paranoid delusions  distortions  thought withdrawal  
 thought insertion  thought broadcast  magical thinking  somatic delusions  
 ideas of reference  delusional guilt  grandiose delusions  nihilistic delusions  
 ideas of inference

**Perceptions/hallucinations**

- illusions    hallucinations    depersonalization    derealization

**Suicide risk**

- none    slight    moderate    significant    extreme    no plan    plan (describe)

**Violence risk**

- none    slight    moderate    significant    extreme    no plan    plan (describe)

**Judgment**

- intact    age appropriate    impulsive    immature    impaired    mild  
moderate    severe

**Insight**

- intact    limited    very limited    fair    none    aware if current disorder  
understands personal role in problems

**Sensorium**

- alert    drowsy    stupor    obtundation    coma

**Memory**

- intact    impaired    immediate recall    remote    amnesia

type of amnesia

**Intelligence**

- average    above average    below average    unable to establish

**Interviewer summary of findings (add details where appropriate)**

## 11. SUBSTANCE USE/ABUSE

| Type               | Amount Used | How taken | Duration | Frequency | Date of last use |
|--------------------|-------------|-----------|----------|-----------|------------------|
| Tobacco            |             |           |          |           |                  |
| Alcohol            |             |           |          |           |                  |
| Illicit Drugs      |             |           |          |           |                  |
| Prescription Drugs |             |           |          |           |                  |
| OTC Drugs          |             |           |          |           |                  |
| Other              |             |           |          |           |                  |
|                    |             |           |          |           |                  |

### Experiencing:

- Withdrawal  YES  NO  
 Blackouts  YES  NO  
 Hallucinations  YES  NO  
 Vomiting  YES  NO  
 Severe Depression  YES  NO  
 DTs and Shaking  YES  NO  
 Seizures  YES  NO  
 Other  YES  NO

Describe

### Patterns of use

- Uses more under stress  YES  NO  
 Continues use when others have stopped  YES  NO  
 Has lied about consumption  YES  NO  
 Has tried to avoid others while using  YES  NO  
 Has been drunk/high for several days at a time  YES  NO  
 Neglects obligations when using  YES  NO  
 Usually uses more than intended  YES  NO  
 Needs to increase use to become intoxicated  YES  NO  
 Has tried to hide consumption  YES  NO  
 Sometimes uses before noon  YES  NO  
 Cannot limit use once begun  YES  NO  
 Failed to keep promises to reduce use  YES  NO

Describe attempts to stop

Describe circumstances that usually lead to relapse

Is client involved in AA/NA?  YES  NO

**12. CLIENT REQUEST, GOALS, EXPECTATIONS**

**13. CLINICAL SUMMARY (Pull together information you have collected and summarize, identifying possible relationship, conditions and causes that may have led to current situation)**

**14. IMPRESSIONS**

**15. RECOMMENDATIONS**

**16. DIAGNOSTIC IMPRESSION**

Axis I

Axis II

Axis III

Axis IV

Axis V

Case Manager Signature

Date