

Provincial Mental Health and Addictions Primary Assessment

HSN

File Number

Full Name

Middle Name

Preferred Name

Address

City

Province

Postal Code

Date of Birth

Day Month Year

Gender

☐ Male

☐ Female

Phone Number (ie 5555555555)

Treaty Number (if applicable)

Language

☐ English Other

Health Region

Family Physician

Parent/Guardian(s)

Full Name

Middle Name

Preferred Name

Allergies

☐ Informed consent and confidentiality has been explained to the client

Date

Sources of Information

Reason for referral (reconfirm screening information/update)

Client/Family Perspective (client or family member's understanding of problem/motivation)

BACKGROUND INFORMATION

1. Developmental History

☐ N/A to presenting problem

2. Physical Health History (complete medication reconciliation where appropriate)

☐ N/A to presenting problem

3. Educational/Occupational Status and History

☐ N/A to presenting problem

4. Family Functioning and Relationships

☐ N/A to presenting problem

5. Financial

☐ N/A to presenting problem

6. Spirituality/Cultural Practices and Needs

☐ N/A to presenting problem

7. Social Involvement and/or Activities☐ N/A to presenting problem**8. Personal and Family Psychiatric History**☐ N/A to presenting problem**9. Danger to Self or Others and Abuse History**☐ N/A to presenting problem**10. Substance Use, Problem Gambling and Other Addictive-Related Behaviours**☐ N/A to presenting problem**11. Legal**☐ N/A to presenting problem**12. Motivation/Resiliency/Protective Factors**☐ N/A to presenting problem**Client/Family Goals****Clinical Impressions/Conceptualization****Baseline Measures****PROVISIONAL MULTIAXIAL DIAGNOSIS**

Note the diagnosis arrived at in accordance with scope of practice of diagnostician

Axis 1a - DSM-IV-TR Clinical Disorder**Axis 1b - Other Conditions that may be focus of clinical attention****Axis 2a - Personality Disorders and Cognitive Disabilities****Axis 3 - General Medical Conditions**

Axis 4 - Psychosocial and Environmental Problems

Check

- ☐ Problems with primary support group
- ☐ Problems related to the social environment
- ☐ Education Problems
- ☐ Occupational Problems
- ☐ Housing Problems
- ☐ Economic Problems
- ☐ Problems with access to health care services
- ☐ Problems related to interaction with legal system
- ☐ Other psychosocial and environmental problems

Axis 5A Functioning: Current at time of evaluation

Axis 5B Functioning: Highest in past year

V Codes-DSM-IV-TR:

1.
2.
3.

Z Codes-ICD-10:

1.
2.
3.

S Codes:

1.
2.
3.

TREATMENT PLAN (including timelines)

- ☐ Mutually agreed treatment plan developed and discussed in partnership with client

Completed by Date