BEHAVIORAL HEALTH HISTORY

I. REASON FOR PRESENTATION/HISTORY OF PRESENT ILLNESS

A. REASON FOR SEEKING SERVICES: [Expressed in person’s own words.]

B. ONSET/COURSE OF ISSUES: (Include any known precipitating factors.)

C. SYMPTOMS:

D. FUNCTIONAL IMPACT OF SYMPTOMS:

E. SERVICES SOUGHT/REQUESTED:

F. RECIPIENT EXPECTATIONS: [Expressed in person’s own words.]

G. ADDITIONAL INFORMATION: (Including information obtained from collateral sources, family, etc.)

II. URGENT NEEDS: Assess potential risk of harm to self/others, include patterns of risk behavior and risk due to personality factors, substance use, criminogenic factors, exposure to elements, exploitation, abuse, neglect, suicidal or homicidal history, self-injury, psychosis, impulsiveness, etc.

NOTE: Each urgent/critical need MUST be addressed directly or through referral.

A. Risk of Harm to Self: □ None Reported; □ Prior Suicide Attempt; □ Stated Plan/Intent; □ Access to means (weapons, pills, etc.); □ Recent Loss; □ Presence of Behavioral Cues (isolation, giving away possessions, rapid mood swings, etc.); □ Family History of Suicide; □ Terminal Illness; □ Substance Abuse; □ Marked lack of support; □ Psychosis; □ Suicide of friend/acquaintance; □ Other/Describe:

B. Risk of Harm to Others: □ None Reported; □ Prior acts of violence; □ Destruction of property; □ Arrests for violence; □ Access to means (weapons); □ Substance use; □ Physically abused as child; □ Was physically abusive as a child; □ Harms animals; □ Fire setting; □ Angry mood/agitation; □ Prior hospitalizations for danger to others; □ Psychosis/command hallucinations; □ Other/Describe:

C. Recipient Safety & Other Risk Factors: □ None Reported; □ Feels unsafe in current living environment; □ Feels currently being harmed/hurt/abused/threatened by someone; □ Engages in dangerous sexual behavior; □ Past involvement with Child or Adult Protective Services; □ Relapse/decomposition triggers; □ Other/Describe:

D. Problems with Basic Needs: □ None; □ Food; □ Shelter; □ Clothing; □ Transportation; □ Funds; □ Healthcare; □ ADL’s; □ Assistive Device Problem; □ Other/Describe:

Additional Comments: (Include psychological and social adjustments made to disabilities and/or disorders.)
E. Advanced Directives: Describe recipient’s preferences and desires for addressing risk factors, including any Mental Health Advance Directives or plan of response to periods of decomposition/relapse (Ex. Resources recipient feels comfortable reaching out to for assistance in a crisis.): □ None Reported.

III. SUBSTANCE ABUSE/DEPENDENCE ISSUES (Past use of primary, secondary & tertiary current substance, incl. type, freq, method & age of 1st use.)

A. Check any/all that apply in past 12 months: □ None; □ Alcohol Use; □ Illegal Drug Use; □ Injected Drug Use; □ Tobacco Product Use; □ Prescription Drugs Abuse; □ Non-Prescription (OTC) abuse; □ Alcohol /Drug Overdose; □ Alcohol /Drug Withdrawal; □ Problems caused by gambling; □ Trouble stopping any substance; □ Other/Describe:

B. SUBSTANCE USE IN LAST 30 DAYS

<table>
<thead>
<tr>
<th>SUBSTANCE TYPE/DEPENDANCE</th>
<th>AGE OF 1ST USE</th>
<th>DAYS IN PAST 30</th>
<th>DAYS SINCE LAST USE</th>
<th>AMOUNT</th>
<th>FREQUENCY</th>
<th>ROUTE OF ADMINISTRATION</th>
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C. Additional Substance Abuse/Dependence Comments: (Include additional substance use history and any known functional impact of abuse/dependence.)

IV. PREVIOUS BEHAVIORAL HEALTH HISTORY AND SERVICES

<table>
<thead>
<tr>
<th>MH OR AD</th>
<th>SETTING</th>
<th>FACILITY/PROVIDER NAME</th>
<th>DATES OF TREATMENT/SERVICE</th>
<th>DIAGNOSIS/REASON FOR TREATMENT</th>
<th>OUTCOME OF TREATMENT</th>
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Additional History/Comments (Include important details, including specific medications and/or therapies which were helpful, ineffective, etc.)

V. MEDICAL HEALTH HISTORY (Check all that apply)

□ Pregnant               □ High Blood Pressure      □ Heart Disease
Due date:                □ Congestive Heart Failure  □ Diabetes
Prenatal care:           □ Asthma                        □ Emphysema
□ None Reported          □ Seizure                       □ Epilepsy
□ Cancer                 □ Chronic Pain                □ Digestive Problems
□ Underweight            □ Overweight                  □ Thyroid Disease
□ Overweight             □ Sexually Transmitted Dz.
□ Other/Describe:

VI. CURRENT & PAST MEDICATIONS (Including non-psychotropic medications)

<table>
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<tr>
<th>Medication Name</th>
<th>Dose</th>
<th>Freq.</th>
<th>Route</th>
<th>Current</th>
<th>COMMENTS (Reason Prescribed/Response, etc.)</th>
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</table>
VII. ALLERGIES/ADVERSE REACTIONS TO MEDICATION
- □ No Reported Allergies/Reactions;
- □ Other/Describe Reaction:

VIII. PRIMARY CARE PHYSICIAN
- □ NONE REPORTED.
- □ RESOURCES GIVEN.
- [Name] [Phone]

IX. ADDITIONAL MEDICAL HEALTH HISTORY, ISSUES OR NEEDS (Include any additional history or medications not covered above.)

CURRENT AND HISTORICAL LIFE SITUATION

X. GENDER EXPRESSION:

XI. SEXUAL ORIENTATION:

XII. CULTURAL AND LANGUAGE PREFERENCES (LANGUAGE, CUSTOMS/VALUES/PREFERENCES)
- A. Spiritual Beliefs/Preferences: □ None Stated. □ Yes/Specify:
- B. Cultural Beliefs/Preferences: □ None Stated. □ Yes/Specify:
- C. Other:

XIII. EDUCATION HISTORY (including literacy level)
- A. Highest Grade or Completed Degrees: ; H.S. Diploma Received: □ Yes; □ No; GED Received: □ Yes; □ No; Additional Comments: (e.g., GPA, special education classes, etc.)
- B. Estimated Literacy Level:
- C. Difficulties with Reading/Writing: □ No; □ Yes/Explain below.
- D. Additional Comments (e.g., include any history of special classes or accommodations used to assist with literacy or educational goals/interests)

XIV. EMPLOYMENT HISTORY AND SOURCE OF INCOME
- A. CURRENT SOURCE OF INCOME: ESTIMATED MONTHLY INCOME AMOUNT:
- B. CURRENT EMPLOYMENT STATUS: □ Unemployed; □ Employed/Detail:
- C. PRIOR EMPLOYMENT HISTORY:
- D. MILITARY STATUS: □ None; □ Veteran; □ Active Duty, No Combat; □ Active Duty Combat; □ Military Trauma: □ No; □ Yes ADDITIONAL MILITARY HISTORY:
- E. ADDITIONAL EMPLOYMENT/INCOME COMMENTS:

XV. LEGAL STATUS AND HISTORY
- A. Current Legal Status: □ None; □ Parole; □ Probation; □ Charges Pending; □ Court-Ordered Outpatient Treatment; □ AOT; □ Judicial; □ Other/Additional Comments:
- B. Past Legal History: □ None; □ DWI; □ Prior Arrests; □ Prior Incarcerations; □ Other/Additional Comments:

XVI. FAMILY HISTORY
- A. Adverse Circumstances in Family of Origin: □ N/A; □ Poverty; □ Criminal Behavioral; □ Mental Illness; □ Substance Use; □ Abuse; □ Neglect; □ Domestic Violence; □ Violence; □ Trauma; □ Other/Describe all checked items:
- B. Additional Family History: (Include behavioral health diagnoses, treatment, and treatment response.)

XVII. TRAUMA HISTORY
- History of Trauma: □ None; □ Experienced; □ Witnessed; □ Abuse; □ Neglect; □ Violence; □ Sexual Assault; □ Other/Describe:
XVIII. LIVING SITUATION

A. Primary Residence: □ Own Home; □ Apartment; □ Relative’s Home; □ Group Home; □ Homeless; □ Other/Describe:
   How long at current residence?
   Family/Household Composition:

   □ Other/Describe:

B. Additional Comments (Include psychological and social adjustments made to disabilities and/or disorders.)

XIX. SOCIAL /FAMILY RELATIONSHIPS AND COMMUNITY INTEGRATION

A. Current status and functioning: (Involvement in the community, social supports and activities, social barriers)
   Does Recipient feel supported by friends or family? □ Yes; □ No;
   Recreational Activities:
   Self-Help Activities:

B. Additional Comments: (Include psychological and social adjustments made to disabilities and/or disorders.)

CURRENT STATUS

XX. MENTAL STATUS EXAMINATION  (Circle or Check all that apply.)

A. GENERAL APPEARANCE □ Healthy; □ As stated Age; □ Older Than Stated Age; □ Young-looking; □ Tattoos; □ Disheveled; □ Unkempt; □ Malodorous; □ Thin; □ Overweight; □ Obese; □ Other/ Describe:

B. BEHAVIOR & PSYCHOMOTOR ACTIVITY □ Normal; □ Overactive; □ Hypoactive; □ Catatonia; □ Tremor; □ Tics; □ Combative; □ Other/Describe:

C. ATTITUDE □ Optimal; □ Constructive; □ Motivated; □ Obstructive; □ Adversarial; □ Inaccessible; □ Cooperative; □ Seductive; □ Defensive; □ Hostile; □ Guarded; □ Apathetic; □ Evasive; □ Other/ Explain:

D. SPEECH □ Normal; □ Spontaneous; □ Slow; □ Impoverished; □ Hesitant; □ Monotonous; □ Soft/Whispered; □ Mumbled; □ Rapid; □ Pressured; □ Verbose; □ Loud; □ Slurred; □ Impediment; □ Other/Describe:

E. MOOD: □ Dysphoric; □ Euthymic; □ Expansive; □ Irritable; □ Labile; □ Elevated; □ Euphoric; □ Ecstatic; □ Depressed; □ Grief/mourning; □ Alexithymic; □ Elated; □ Hypomanic; □ Manic; □ Anxious; □ Tense; □ Other/Describe:

F. AFFECT □ Appropriate; □ Inappropriate; □ Blunted; □ Restricted; □ Flat; □ Labile; □ Tearful; □ Intense; □ Other/Describe:

G. PERCEPTUAL DISTURBANCES □ None; □ Hallucinations: □ Auditory; □ Visual; □ Olfactory; □ Tactile; □ Other/ Describe:

H. THOUGHT PROCESS □ Logical/Coherent; □ Incomprehensible; □ Incoherent; □ Flight of Ideas; □ Loose Associations; □ Tangential; □ Circumstantial; □ Rambling; □ Evasive; □ Racing Thoughts; □ Perseveration; □ Thought Blocking; □ Concrete; □ Other/Describe:

I. THOUGHT CONTENT □ Preoccupations; □ Obsessions; □ Compulsions; □ Phobias; □ Delusions; □ Thought Broadcasting; □ Thought Insertion; □ Thought Withdrawal; □ Ideas of Reference; □ Ideas of Influence; □ Delusions; □ Other/Describe:

J. SUICIDAL/HOMICIDAL IDEATION □ Suicidal Thoughts; □ Suicidal Attempts; □ Suicidal Intent; □ Suicidal Plans; □ History of Self-Injurious Behavior
   □ Homicidal Thoughts; □ Homicidal Attempts; □ Homicidal Intent; □ Homicidal Plans;
   □ Other/Describe:

K. SENSORIUM/COGNITION □ Alert; □ Lethargic; □ Somnolent; □ Stuporous; □ Oriented to: □ Person; □ Place; □ Time; □ Situation;
   □ Normal Concentration; □ Impaired Concentration; □ Other/Describe:

L. MEMORY Remote Memory: □ Normal; □ Impaired; Recent Memory: □ Normal; □ Impaired; Immediate Recall: □ Normal; □ Impaired
   □ Other/Describe:

M. INTELLECTUAL FUNCTIONING (Estimate) □ Above Avg.; □ Normal/Avg.; □ Borderline; □ Mental Retardation: □ Mild; □ Moderate; □ Severe
   □ Other/Describe:

N. JUDGEMENT □ Critical Judgment Intact; □ Impaired Judgment; □ Other/Describe:

O. INSIGHT □ True Emotional Insight; □ Intellectual Insight; □ Some Awareness of Illness/symptoms; □ Impaired Insight; □ Denial;
   □ Other/Describe:

P. IMPULSE CONTROL □ Able to Resist Impulses; □ Recent Impulsive Behavior; □ Impaired Impulse Control; □ Compulsions;
   □ Other/Describe:
XXI. PRINCIPAL DIAGNOSES

### AXIS I

- [ ] Problems with Primary Support Group (Specify):  
- [ ] Housing Problems (Specify):  
- [ ] Problems related to Social Environment (Specify):  
- [ ] Economic Problems (Specify):  
- [ ] Educational Problems (Specify):  
- [ ] Problems with Access to Healthcare Services (Specify):  
- [ ] Occupational Problems (Specify):  
- [ ] Problems related to legal system/crime (Specify):  
- [ ] Other psychosocial and environmental problems (Specify):  

### AXIS II

- [ ] Problems with Primary Support Group (Specify):  
- [ ] Housing Problems (Specify):  
- [ ] Problems related to Social Environment (Specify):  
- [ ] Economic Problems (Specify):  
- [ ] Educational Problems (Specify):  
- [ ] Problems with Access to Healthcare Services (Specify):  
- [ ] Occupational Problems (Specify):  
- [ ] Problems related to legal system/crime (Specify):  
- [ ] Other psychosocial and environmental problems (Specify):  

### AXIS III

- [ ] Problems with Primary Support Group (Specify):  
- [ ] Housing Problems (Specify):  
- [ ] Problems related to Social Environment (Specify):  
- [ ] Economic Problems (Specify):  
- [ ] Educational Problems (Specify):  
- [ ] Problems with Access to Healthcare Services (Specify):  
- [ ] Occupational Problems (Specify):  
- [ ] Problems related to legal system/crime (Specify):  
- [ ] Other psychosocial and environmental problems (Specify):  

### AXIS IV

- [ ] Problems with Primary Support Group (Specify):  
- [ ] Housing Problems (Specify):  
- [ ] Problems related to Social Environment (Specify):  
- [ ] Economic Problems (Specify):  
- [ ] Educational Problems (Specify):  
- [ ] Problems with Access to Healthcare Services (Specify):  
- [ ] Occupational Problems (Specify):  
- [ ] Problems related to legal system/crime (Specify):  
- [ ] Other psychosocial and environmental problems (Specify):  

### AXIS V

- [ ] Current:  
- [ ] Highest Past Year:  

XXII. STRENGTHS, NEEDS, ABILITIES/INTERESTS & PREFERENCES

#### A. Strengths:

(Include Education, Employment/Income, Living Situation/Basic Needs, Social/Family/Community Support and Integration, and/or other strengths.)

#### B. Needs:

(Include Education, Employment/Income, Living Situation and Basic Needs, Social/Family/Community Support and integration, and/or other important needs.)

Assistive Devices Required?  
- [ ] No;  
- [ ] Yes/Explain:

#### C. Abilities/Interests:

(Include Education, Employment/Income, Living Situation and Basic Needs, Social/Family/Community Support and Integration, and/or other)

#### D. Preferences:

(Describe person’s global preferences/hopes for recovery, including any specific preferences related to Treatment, Education, Employment/Income, Living Situation and Basic Needs, Social/Family/Community Support and Integration, and/or Other Important stated preferences.)

XXIII. INTERPRETIVE SUMMARY AND PLAN OF CARE

List recommended treatments/assessments, level of care, duration. Must address Urgent Needs (directly or through referral), as well as other needs related to clinical/central theme, co-occurring disabilities, environmental and personal supports/needs.

#### A. Interpretive Summary:

(Integrate and interpret all history & assessment information. Identify central theme(s). Consider strengths, needs, limits, and problems.)

#### B. 1915(i) Plan of Care Services Options:

(Check all that apply.)

- [ ] Med Mgt.;  
- [ ] Psychological Testing;  
- [ ] Family Therapy;  
- [ ] Individual Therapy;  
- [ ] Group Therapy;  
- [ ] Case Conference;  
- [ ] Alcohol/Drug Assessment;  
- [ ] Alcohol/Drug Individual Therapy;  
- [ ] Alcohol/Drug Group Therapy;  
- [ ] Detoxification;  
- [ ] Alcohol/Drug IOP;  
- [ ] Alcohol/Drug Halfway House;  
- [ ] PSR;  
- [ ] CPST;  
- [ ] ACT;  
- [ ] ICM;  
- [ ] Other/Describe:

#### C. Other Services/Linkages Needed:

- [ ] Vocational Services;  
- [ ] Social Services;  
- [ ] Educational Services;  
- [ ] Medical Services/PCP;  
- [ ] Self help Groups;  
- [ ] Other/Describe:

#### D. Additional Comments:

SIGNATURE

PRINTED NAME OF ASSESSOR  

SIGNATURE  

LMHP STATUS

- [ ] Psychiatrist;  
- [ ] APRN-CNS;  
- [ ] Other (list):
- [ ] Psychologist  
- [ ] LCSW  
- [ ] Med. Psychologist  
- [ ] LPC

DATE

1915(i) BEHAVIORAL HEALTH INTERVIEW

1915(i) IA v.10 (12/10/2012)  
Page 5 of 5