

**CLEAR SKY BEHAVIORAL, LLC
 COMPREHENSIVE/PSYCHOSOCIAL
 ASSESSMENT-ADDENDUM**

Name
Date of Birth
Medicaid Number
MRN

IDENTIFICATION SECTION

Date	Gender	M	F	Client Name	
Recommended level of care	IIH	Level II	Level III	PRTF	Other

CLINICAL SUMMARY AND JUSTIFICATION RECOMMENDED LEVEL OF CARE

Blank area for clinical summary and justification.

SECTION I – CURRENT RISK TO SELF/OTHERS

- The patient having suicidal ideation or making suicidal threats? Yes No
- The patient having self-injurious behavior? Yes No
- The patient has injuries that appear to be self-inflicted (cuts, burns, self-mutilation, and scars)? Yes No
- The patient having homicidal ideation or making homicidal threats? Yes No
- The patient having assaultive ideation/behavior? Yes No
- Is the ideation repetitive or persistent? Yes No
- Does the patient have a specific plan? Yes No
- Does the ideation involve serious/lethal intent? Yes No
- Does the ideation have delusional or hallucinatory content? Yes No

Please describe any YES responses above:

SUMMARY EVALUATION OF RISK OF SUICIDE/HOMICIDE/ASSAULTIVE BEHAVIOR

Rank your conclusion below regarding this patient's SUICIDAL risk and make any comments
 Low Moderate High
 Comment

Rank your conclusion below regarding this patient's HOMICIDAL/ASSAULTIVE risk and make any comments:
 Low Moderate High
 Comment

MEDICATION/HEALTH

Current Medications	Dosage	Prescribed By	Last Use	Taken as Prescribed?



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MEDICAL INFORMATION

MENTAL STATUS EXAM (check all that apply):

Level of consciousness:	Lethargic	Intoxicated				
Orientation:	Person	Time	Place	Situation		
Appearance:	Neat/well-groomed	Disheveled	Unclean			
<i>Other</i>						
Speech:	Normal	Pressured	Slurred	Rambling	Incoherent	Soft
<i>Other</i>						
Mood:	Normal	Depressed	Angry	Irritable	Elevated	
<i>Other</i>						
Affect:	Normal	Restricted	Blunted	Flat	Labile	Incongruent w/Mood
Thought Process:	Clear	Poor Concentration	Flight of Idea	Loose Association		
<i>Other</i>						
Judgment:	Good	Fair	Poor			
Insight:	Good	Fair	Poor			
Memory:	Intact	Poor (recent)	Poor (remote)	Amnesia		

CURRENT DIAGNOSIS

Clinician E-Signature

Date

