

SAMPLE Assessment Report TEMPLATE

Client assessed: _____, DOB _____
Date/time of visit: _____, from _____ to _____
Assessed by: _____ Clinician name, credentials, position/title if applicable

Key findings: ____ is (summarize findings).

Background

Reason for visit: At the request of _____, I visited _____ at home (at _____ address) to perform a comprehensive evaluation and provide recommendations regarding _____'s (specify: cognitive impairment, decision making capacity regarding _____, vulnerability to undue influence, possible functional impairment, etc). The referral was prompted by _____.

Note, while this visit was made (at _____ request, or contracted under the services of _____, or paid by _____), my work as a licensed mental health counselor and geriatric mental health specialist is performed in an independent manner and adhering to my scope of licensure and the code of ethics of the professional associations to which I belong.

I provided (client) with my Counselor Disclosure Form and Privacy Practices, and _____ (did / did not) sign a release of information for me to coordinate with _____. OR
Since I was serving as a contractor to _____, I did not have (client) sign a separate consent, release of information, or privacy practices paperwork, but I did provide my Counselor Disclosure Form. _____ was agreeable and consented (OR assented) to my visit and interview.

Information below from _____ is identified as such; aside from that, this report is based on my interview with (client), my direct observation, and my analysis.

(if applicable) Prior to the visit, _____ (summarize what was reported). I specifically asked to not to be informed of more details before the visit so that I could be as objective as possible and so that I could first hear (client)'s perspective on the situation.

Visit details

Also present at visit: _____ (describe who, relationship, contact info)

Interpreter Needed: no, native English speaker OR describe

Presentation: ____ is a ____-year-old __ marital status, race, gender ____, living in ____.

Came to door

dressed in appropriate clothing... or soiled or stained.

clean and well groomed

makeup

jewelry

glasses

hearing aid

communication

agreeable to visit

any supports/accommodations to maximize their engagement in interview

Environment: Before entering the home, _____

Inside the home, _____

Note: Below I have attempted to limit my report of the discussion and contents of conversation to those areas most related to the initial concerns. [comments from APS or other party]

Summary of relevant discussion: ____ [a general summary with pertinent details/quotes – don't detail the entire visit, put info/discussion related to specific areas below and explain that]

Note: additional interview information is captured under topic areas below, and information provided following the visit is identified as such.

Medical Information

Primary care provider: ____ (and clinic/contact info, list other providers if known)

Last known medical care: _____

Medications prescribed: ____ (specific whether compliance likely, details captured at visit)

(include any discussion during visit about medical/medication issues)

Functional Abilities/Needs [or use summary paragraph or alternate format]

I=Independent
in Task

AA= Has Adequate
Assistance

AI= Has Assistance,
but Inadequate

NA=Needs
Assistance

NR=Needs, but
Refuses Help

	I	AA	AI	NA	NR	Comments / source(s) of assistance
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denies any problem.
Toileting/Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping for Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility/Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paperwork/Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was able to read and see where to sign forms.
Medical Care Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knows to call 911? Able to exit in case of emergency?

Fall Risk: Due to ____, it appears there is a ____ risk for falls.

Family and Other Support: ____ (names, relationships, what support provided, contact info)

Financial Information

Income and resources: [describe what client reports/knows]

Income: client reported ____

Expenses

Savings

Assets / other resources

Benefits

Comments from interview: When asked ____

Additional information from ____: ____ (specify what information came from who, and their contact info if not noted above).

Mental health assessment

Psychosocial History: As focus was on decision-making capacity, limited background history was gathered. Education level _____. Work history _____. Family/relationship status_____.

Mental Health Issues / Treatment History: None known/reported.. or describe..

Drug and Alcohol Use/History: None known/reported.. or describe..

Mental status assessment items: Appeared to be ...impaired or not... in multiple dimensions of mentality. See testing section for additional specifics.

- **Orientation:** ___ day of the week, month, date, year, address, state.
- **Behavior:** Cooperative... resistant... indifferent... abnormal mannerisms... suspicious/paranoid behavior.
- **Level of consciousness:** alert and oriented to person, place, day, date, month, year; ____ ... or not oriented
- **Attention:** normal... distractible... unable to follow conversation... ____
- **Language:** Speech rate... volume... word finding... tangential... circumstantial... comprehension... naming... reading... writing ____
- **Naming:** when asked to identify as many animals as -she / he- could in one minute, was able to name ____.
- **Visual:** ___ able to identify shapes; clock: ____
- **Visual-spatial:** intact... impaired... slow to do task.
- **Memory:**
 - Immediate (registering new information): _____.
 - **Registration:** when asked to repeat back 5 items, was able to do register ____ after ____ trials.
 - **Recall:** ___ out of 5 items. Story exercise score ___ out of 8.
 - Short-term (recall of recently given information): _____.
 - Long-term: as focus was on assessing capacity, did not assess long-term memory; however, it appeared _____.
- **Abstraction:** intact... impaired... _____.
- **Insight / judgment:** intact... impaired; see discussion of _____,
- **Calculations:** intact... impaired...; ____ to calculate or estimate income or expenses; when read the shopping question, addition was ___ correct, subtraction ___ correct.
- **Thought content:** unremarkable... delusions... hallucinations.. obsessions... confabulation...
- **Thought processes:** organized/intact... tangential... circumstantial... confused... redirectable.... Variable depending on content of conversation.
- **Affect:** unremarkable / appropriate to content... depressed... elevated...
- **Mood:** depressed... elevated ... variable...
- **Depressive or manic signs/symptoms:** denied any problems... caregiver/family report/observations... reported ...difficulty sleeping...pessimistic... feeling overwhelmed... feelings of guilt and hopelessness... loss of interest or pleasure in activities...; decreased

energy...; feeling of fatigue...; psychomotor slowing...; difficulty concentrating...; difficulty making decisions and prioritizing tasks...

- Anxiety or panic-related signs/symptoms: denied any problems... caregiver/family report/observations... reported ... worry... panic.. agoraphobia or not...

Risk Assessment: Appears to be at very high risk of exploitation and perhaps vulnerably to personal physical violence. (use bullets below for more info, put in paragraph if less)

- Lethality: none known or reported.. or describe..
- Weapons: none known or reported.. or describe..
- Suicidal ideation / risk:
- Verbal abuse:
- Assaultive ideation:
- Assaultive behavior:
- Vulnerability:

Cognitive Testing and Assessment Tools

[If applicable, discuss testing tools that were not used and why (particularly if used with client in past).

___ was willing to engage in activities and tasks to assess their thinking and memory. ___ effort and engagement were consistent [or ___] Therefore the below results are considered as valid representation of their abilities.

St Louis University Mental Status (SLUMS) exam: tests orientation, memory, attention, naming, figure recognition, and calculation. Research has shown it to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). A score of 27 or above is normal, and a score 20 or below indicates dementia.

___ scored ___ out of 30, indicates ___ cognitive impairment.

Rowlands Universal Dementia Assessment Scale (RUDAS): measures a variety of mental abilities including language, reasoning, problem solving, attention and working memory. The RUDAS was designed for use with multicultural populations and is clinically researched and validated to be less influenced by language and education level than other tests. A score below 20 indicates likely dementia.

___ scored ___ out of 30, indicating ___ cognitive impairment most likely ___ level of dementia.

Montreal Cognitive Assessment (MoCA): tests attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Research has shown it to be more sensitive to cognitive impairment than the historically common Mini-Mental Status Exam (MMSE). A score of 26 or above is normal.

___ scored ___ out of 30, indicating ___ cognitive impairment most likely ___ level of dementia.

Frontal Assessment Battery (FAB): assesses frontal lobe dysfunction to screen for frontotemporal dementia versus other types of dementia. A score below 12 indicates frontal lobe dysfunction.

____ scored ____ out of 18, indicating ____ frontal lobe dysfunction ____.. concerns for executive functioning.

Trail Making Test: measures a variety of mental abilities including letter and number recognition mental flexibility, visual scanning, and motor function. Trails A involves connecting numbers in sequence; Trails B requires alternating between numbers and letters. A difference in performance on the two parts indicates executive functioning impairment.

[describe A and B performance, e.g.

____ Trails A correctly but with significant difficulty, stopping each time to look for next number, and finishing in ____ seconds – a time of greater than 78 seconds is deficient. -she / he- was unable to complete Trails B, with even -his/her- first few steps being incorrectly done.

____ performance on Trails A and ____ Trails B indicate ____ impairment in executive functioning.

Additional tasks:

- Visuospatial: ____ able to copy intersecting pentagons design.
- Language: ____ able to write a sentence
- Others...

The Geriatric Depression Scale (GDS): a self-report questionnaire that screens for depression in older adults. ____ scored ____, so by -his/her- self-report, this tool indicates that -she/he- does / does not have significant depression.

The Geriatric Anxiety Inventory (GAI): a self-report questionnaire that screens for anxiety in older adults. ____ scored ____, so by -his/her- self-report, this tool indicates that -she/he- does / does not have significant anxiety.

The Consumer Financial Protection Bureau (CFPB) Financial Well Being Scale: a validated tool to measure self-reported financial well being. ____ scored ____, so by -his/her- self-report, this tool indicates that -she/he- has _____ financial well being.

Assessment of Capacity in Everyday Decision-making (ACED, by Lai & Karlawish 2007): a structured interview format to discuss steps of the decision-making process. (lay out interview results)... OR __ unable to complete structured interview due to _____. Attempted to ask client questions to gauge understanding, reasoning, and judgment throughout the visit. See discussion of assessment below.

California Undue Influence Screening Tool (CUIST, by Quinn, Nerenberg et al 2017): one of several tools that look at factors involved in undue influence, which is not a crime in and of itself, but rather a method to commit theft. This tool indicates that ____ situation meets many of the criteria for undue influence to be a factor. (list specifics from CUIST)

- client's vulnerability
- influencer authority or position of power

- actions or tactics
- unfair or improper outcomes

Information provided following the visit

(describe info from collaterals and their contact info if not noted above;
if records reviewed, describe how/when/what was provided/received and from who/contact info
describe any information that was sought but not available
if applicable, could include summary of reported information on prior tests/scores]
For all of the above, specify source of information and consistency/conflicts between
client/others.
If appropriate, specify that reported information was not further investigated by you (e.g. APS
allegations are their investigation, not yours).

Discussion

[Summarize pertinent aspects of person's present and historical cognitive and executive functioning; emotional, and behavioral functioning; and functional abilities; and impact of these on decision making; as well as person's expressed values and preferences related to the situation or decision in question and any related issues. If applicable, include comparison from prior tests/scores to current performance and describe change/consistency.]

In evaluating a person's decision making capacity, the four basic criteria are understanding the problem, appreciating the situation and options, reasoning about options, and choosing an option or expressing a choice.

Understanding – ___ demonstrated cognitive performance deficits in ___ areas essential to - his/her- being able to understand -his/her- situation and relevant information: (examples from interview and testing/reports)

- Attention and concentration ___ intact.. impaired.. variable
- Orientation ___.
- Short-term memory ___ (items) ___ (story details)
- Language comprehension and fluency
- Math
- Fund of knowledge and understanding of ___

Appreciating – ___ able to use information and logic to see consequences of different options or likely outcomes of different actions. ___ reasoning and judgment were ___ intact.. impaired. ___ able to plan or organize, or carry out tasks, ___ gathering information. ___ able to see the consequences and ___ insight around the situation. ___ (examples from interview/reports)

Reasoning – Because ___ able to understand relevant information or to appreciate the situation and options, ___ able to evaluate options for action to see what might be better or worse options. ___ (examples from interview/reports)

Choosing – Because ____ able to understand relevant information, appreciate the situation and options, or reason through options for action, ____ able to express or communicate a choice and carry out action. ____ (examples from interview/reports)

In examining decision-making capacity, it is also important to consider:

- Does the person’s decision in this situation represent a change from previous decisions? ____ (examples from interview/reports)
- Does it affect everyday safety and functioning? ____ (examples from interview/reports)
- What is the complexity and substance of the documents, situation, or action? ____ (examples from interview/reports)

[if applicable]

The separate issues (____, ____) are not so complex and substantive by themselves; however, the combination of issues reach a level of significance where ____ may be required.

While decisional capacity is time-specific, the fact that these difficulties have been present for ____ years indicates that ____ abilities to manage ____ situation are ____ likely to improve. ____

[if applicable, discuss medical issues or diagnoses and prognosis and possible impact]

In fact, given the progressive nature of cognitive impairment and the aging process, it is highly likely that ____ abilities will continue to worsen, and significantly so.

[if applicable]

Vulnerability and risk: It is this cognitive (and functional?) impairment that underlies ____’s vulnerability. RCW 74.34.005 states in part: “(1) Some adults are vulnerable and may be subjected to abuse, neglect, financial exploitation, or abandonment by a family member, care provider, or other person who has a relationship with the vulnerable adult; (2) A vulnerable adult may be home bound or otherwise unable to represent himself or herself in court or to retain legal counsel in order to obtain the relief available under this chapter or other protections offered through the courts; (3) A vulnerable adult may lack the ability to perform or obtain those services necessary to maintain his or her well-being because he or she lacks the capacity for consent; (4) A vulnerable adult may have health problems that place him or her in a dependent position...”

Information above relates how ____ (functional.. is largely homebound) and -has/lacks- the ability to make decisions and consent to and obtain services to maintain -his/her- well-being. ____ (describe any) memory problems and frailty make ____ (somewhat/partially or fully) dependent on ____ for (describe specific assistance and support).

OR - Although ____ does not have a paid care provider, ____ meets the intent and definition under the law as a vulnerable adult.

Further, ____’s apparent history of (specific issues – and if appropriate, related risk of cerebrovascular issues), combined with ____ existing cognitive impairment, present a very high likelihood of ____ health and cognition worsening in the future. This would result in ____ being

even increasingly more vulnerable and dependent, and needing higher levels of intervention and protection.

[if less restrictive not likely to be successful]

While less restrictive options are always preferable to guardianship/conservatorship, these do not appear feasible for _____. [specify]

e.g. Due to considerable cognitive impairment, ____ does not have decisional capacity to sign/appoint a power of attorney or fiduciary agent, and _____ family.

E.g.

Neighbors have been helpful in providing support and assistance, but ____ has become suspicious and paranoid about them at times, making this problematic in the longer term. _____ assets so finding a professional guardian should be achievable.

OR

Less restrictive options are always preferable to guardianship/conservatorship. Some options include (examples, discuss pro/con).

Risks pointing to need for urgent action (examples)

Summary

Diagnostic Impression: The information gathered by report, by observation and interview, and by cognitive testing supports a clinical diagnosis of _____
(Usually use) unspecified neurocognitive disorder (DSM-V: 799.59; ICD-10: R41.9).
(If applicable) There is also a reported diagnosis of ____ from (provider name/specialty). In lay terms, ____ cognition and function is impaired at a level of (mild / moderate / significant / severe dementia).

Finding of vulnerable adult status: This visit and related information support ____ status as a vulnerable adult under Washington law.

Finding of decision-making capacity: This visit and related information from ____ contributed to both a psychological assessment of _____'s attention, concentration, memory, abstraction, judgment/insight, executive function, as well as a decision-specific assessment of _____'s knowledge, skills, abilities related to his situation and challenges. (summary statement of impairments).

At the time of this visit, the evidence demonstrates that ____ (**lacks / has / has limited**) **decision-making capacity to manage -his/her- (housing... finances. .. medical care...)** OR **to make decisions regarding (specifics).**

Finding of undue influence: This visit and related information indicates ____ is (likely.. clearly...) under undue influence from ____ and is unable to recognize the risks or impact this has had on ____.

Recommendations:

I recommend that APS and law enforcement pursue a Protective Arrangement to immediately... (describe specific actions/needs)

I highly recommend that as a transition, APS look at whether ____ is able to provide support, or if a geriatric care manager can be involved to support ____, as ____ will likely continue to be highly vulnerable.

I recommend that APS pursue ____ at least financial guardianship of ____ to ensure that ____ resources are protected from further loss, and that ____ current and future needs can be met. ____ seemed ____ agreeable to a financial manager and may accept a representative payee, but in my opinion, it seems likely that such measures would not be enough to handle this situation. Ultimately, in the process of guardianship proceedings, a guardian ad litem will evaluate the situation further and make their recommendations to the court.

(whatever other specific recommendations, with contact info for specific services if appropriate)

It has been a pleasure to provide this assessment service. I am happy to discuss further and answer additional questions at any time.

Clinician Signature: _____ XXXXX, _____
Name, credentials, practice name Date signed
electronically signed at ____pm