

ADULT FORENSIC BEHAVIORAL HEALTH

Santa Rita Jail

BRIEF CLINICAL ASSESSMENT

County (82) CDC (61) Fed (44) State Hospital

Date: Time: Client Name: Client #: PFN#: DOB/Race/Sex: Sexual Orientation/Gender Identity: Language: English Other

Research in INSYST: Prior AFBH History BHCS History only (No AFBH) No record Found (NRF) VETERAN: No Yes Unk

REASON FOR REFERRAL / SOURCE: DATE OF ARREST:

INCARCERATED BEFORE? YES NO SRJ OTHER JAIL PRISON CHARGES:

HISTORY OF MEDS?: YES NO PSYCH. MEDS. LAST 30 DAYS?: YES NO LAST DOSE:

LIST MEDICATIONS:

PHARMACY or CLINIC NAME / ADDRESS/ FAX#

INPATIENT STATE HOSPITAL NONE Where? WHEN?

OUTPATIENT NONE: (MD) WHEN?

MEDICATION ALLERGIES/OTHER INFO:

SUBSTANCE USE: YES NO Unk Currently INTOXICATED? YES No Unk W/D Symptoms: YES NO Unk Seizures Hallucinations Delirium Shakes None

ETOH Amount: Freq: Last Use: MJ Amount: Freq: Last Use: Meth Amount: Freq: Last Use: Opioids Amount: Freq: Last Use: Cocaine Amount: Freq: Last Use: Other Amount: Freq: Last Use:

HISTORY OF SUICIDE ATTEMPTS? YES No # OF ATTEMPTS? IN-CUSTODY ATTEMPTS? YES No Where: DATES OF ATTEMPTS & DESCRIPTIONS: SUICIDE IDEATION? YES No If Yes, describe: PLAN? YES No If Yes, describe: RISK FACTORS (see reverse and Note each factor): Hopelessness/Helplessness? YES No If Yes, describe: Protective Factors: Social Support YES No Who: Reason to Live: Related Coping Skills: Beliefs @ Suicide

Mental Health Symptoms: Anxiety \_\_\_/10 HX of Anxiety diagnosis? YES No Depression \_\_\_/10 HX of Depression diagnosis? YES No Manic Episodes: YES No HX of Bipolar diagnosis: YES No Experience: A/H YES No Current Hx Command YES No V/H YES No Current Hx Females BIRTH within last Year? YES No Unk N/A Post-partum Dep YES No Unk

DEVELOPMENTAL Disability? YES No Unk Regional Center Client? YES No Unk History of HEAD TRAUMA? YES No Unk HISTORY OF TRAUMA? YES No Unk Sexual Emotional Physical Horrific Events None HISTORY of Sexual Assault while in custody YES No TRAUMA SYMPTOMS: Nightmares Flashbacks Avoidance Behavior HISTORY of Violent/Predatory Behaviors? YES No Unk

Is client interested in receiving: mental health services YES No psychiatric services YES No

MENTAL STATUS EVALUATION - check all that apply Appearance: WNL Disheveled Unusual Malodorous Speech: WNL Loud Quiet Rapid Slow Mumble Behavior: WNL Bizarre Agitated Uncooperative Orientation: WNL Person Place Time Situation Mood (Ask): WNL Angry Depressed/Sad Anxious Affect: WNL Depressed Labile Flat Anxious Irritated Other

Thought Process: WNL Racing Slow Tangential Disorganized Flight of ideas Thought Content: WNL Delusional Obsessive Paranoid Grandiose Hallucinations: None Auditory Visual Command Judgment: WNL Impaired Impulse Control: WNL Impaired Insight: WNL Good Marginal Impaired Relational: WNL Engaged Avoidant Sensorium: WNL Dull Sedated Alert Hypervigilant Hyperkinetic

CLINICIAN SIGNATURE DATE: TITLE/STAFF#:

Client Name: \_\_\_\_\_ PSP #: \_\_\_\_\_ PFN#: \_\_\_\_\_

**BRIEF CLINICAL ASSESSMENT (response to incarceration):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROVISIONAL DIAGNOSES (LIST ALL)	ICD10 CODE(S)	Substance Abuse Diagnoses	ICD10 CODE(S)
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
<b>MEETS CRITERIA</b> (SEE REVERSE--CIRCLE ALL THAT APPLY): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		<b>APPOINTMENT DATE:</b> MD: _____ TBA: _____	
<b>INTERVENTION (circle all that apply):</b> <input type="checkbox"/> DNMC <input type="checkbox"/> TBA <input type="checkbox"/> MD Apt. <input type="checkbox"/> Med Faxed <input type="checkbox"/> Bridg <input type="checkbox"/> ICC <input type="checkbox"/> BHI <input type="checkbox"/> PREA <input type="checkbox"/> TrVlly <input type="checkbox"/> IOL <input type="checkbox"/> Safety Cell <input type="checkbox"/> 5150 <input type="checkbox"/> _____			

CLINICIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE/STAFF#: \_\_\_\_\_

CRITERIA FOR TREATMENT	ICC CLINIC (Scheduled before 3pm weekdays): 1. State Hospital Patients/Boarders OR 2. Confirmed Medications																																																																																																
1= Medical Necessity/Diagnosis 2 = Medical Necessity/Functional Impairment 3 = Psychiatric History 4 = Substance Abuse History 5 = Dangerous to self or others 6 = Continuity of Care	<p style="text-align: center;"><b>CONFIRMED MEDICATION VERIFICATION</b></p> 1. A treating doctor's <b>written</b> report of Medications Rx'd within 30 days 2. Faxed records from the pharmacy where meds were obtained ( <b>not verbal confirmation</b> ) 3. Medication <b>bottles only if current AND the labels indicate dates and prescribing physician</b> 4. Medications have <b>been taken within 14 days AND</b> the inmate <b>has been on the meds at least 14 day</b>																																																																																																
<p><b>INTERVENTION</b></p> 1. <b>DNMC:</b> Inmate does not meet criteria. 2. <b>TBA</b> – Meets criteria for further assessment, Non-urgent, evaluation requested 3. <b>MD Apt.</b> – Meets criteria for further assessment by psychiatrist 4. <b>Med Faxed</b> – Med verification faxed 5. <b>Bridge</b> - meets criteria for Bridge Medications 6. <b>ICC</b> – Inmate meets ICC criteria and psychiatrically stable 7. <b>BHI</b> – Seriously & persistently mentally ill & unable to program effectively in “mainline”. 8. <b>PREA</b> report made, Deputy informed 9. <b>IOL</b> – Suicidal ideation/feelings, disorganized, No immediate threat 10. <b>SAFETY CELL</b> – Stated suicidal intent, gestures, or plan, disorganized 11. <b>5150</b> – Immediate threat to self, others, or grave disability	<p style="text-align: center;"><b>Mental Health Diagnosis ICD-10</b></p> <table border="0"> <tr><td>F43.20</td><td>Adjustment D/O Unspecified</td></tr> <tr><td>F43.22</td><td>Adjustment D/O w Anxiety</td></tr> <tr><td>F43.21</td><td>Adjustment D/O w Depress Mood</td></tr> <tr><td>F43.24</td><td>Adjustment D/O w Disturb of Conduct</td></tr> <tr><td>F43.23</td><td>Adjustment D/O w Mix Anxiety &amp; Depress Mood</td></tr> <tr><td>F43.25</td><td>Adjustment D/O w Mix disturb of Emo &amp; Conduct</td></tr> <tr><td>F40.00</td><td>Agoraphobia</td></tr> <tr><td>F50.02</td><td>Anorexia Nervosa, Binge-eating/purging</td></tr> <tr><td>F50.01</td><td>Anorexia Nervosa, Restrictive</td></tr> <tr><td>F41.1</td><td>Anxiety D/O, Generalized</td></tr> <tr><td>F41.9</td><td>Anxiety D/O, Unspecified</td></tr> <tr><td>F31.9</td><td>Bipolar &amp; related D/O, Unspecified</td></tr> <tr><td>F31.32</td><td>Bipolar I, Rec. 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