

POLICY 680-C, ATTACHMENT B - LEVEL II PASRR PSYCHIATRIC EVALUATION

Date	
Name	
DOB	
AHCCCS ID	

Nursing Facility Appropriate and/or Specialized Services

Location _____

Initial Review Yes No

1. Does the member have a PRINCIPAL diagnosis of dementia? Yes No
If yes, STOP AND PROCEED TO History and Examination.
If no, proceed to question 2.

2. Does the member have a Serious Mental Illness qualifying diagnosis? Yes No
If yes, proceed to question 3
If no, do not complete the rest of the page, DOCUMENT FINDINGS ON NEXT PAGE

3. Does this member require Nursing Facility (NF) level of care? If yes, please explain why: Yes No

If no, identify appropriate community placement needs (i.e. therapeutic group home, assisted living, in-home/out patient care, etc.):

4. Does this member require Specialized Services (Psychiatric care beyond that available in the current/proposed placement)? Yes No
If yes, please explain why:

5. Does this member require any additional psychiatric care to be provided in this facility? If yes, what services: Yes No

Signature _____ Date _____ Board Certified Yes No

HISTORY AND EXAMINATION

Date	
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IDENTIFYING DATA

Examination Date _____

Gender _____

Examination Time _____

Marital Status _____

Race/Ethnicity _____

Actual Age _____

Level of Education _____

Occupation _____

CHIEF COMPLAINT OR REASON FOR REFERRAL

(Pertinent findings from Level I Screening or Resident Review):

HISTORY OF PSYCHIATRIC SYMPTOMATOLOGY AND TREATMENT

(including past psychotropic medications and hospitalizations):

HISTORY AND EXAMINATION Continued

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DEVELOPMENTAL HISTORY:

PAST MEDICAL/SURGICAL HISTORY (include the following):

Childhood Illnesses:

Significant acute and chronic illness (including hospitalizations):

Surgeries:

Injuries and Fractures:

Pertinent Family Medical History:

Allergies:

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REVIEW OF BODY SYSTEMS (Pertinent Positives Only):

SUMMARY OF RECENT PHYSICAL EXAMINATION FINDINGS (Pertinent Positives Only):

DATE OF MOST RECENT PHYSICAL EXAMINATION:

MUSCULOSKELETAL-SKELETAL SYSTEM (Abnormal Findings Only):

1. Spine:

2. Back:

3. Joints:

4. Upper extremities:

5. Lower extremities:

NEUROLOGIC SYSTEM (Abnormal Findings Only):

1. Cranial nerves:

2. Finger to Nose:

3. Heel to Shin:

4. Motor Bulk:

5. Motor Strength:

6. Motor Tone:

7. Reflexes:

8. Coordination:

9. Movements:

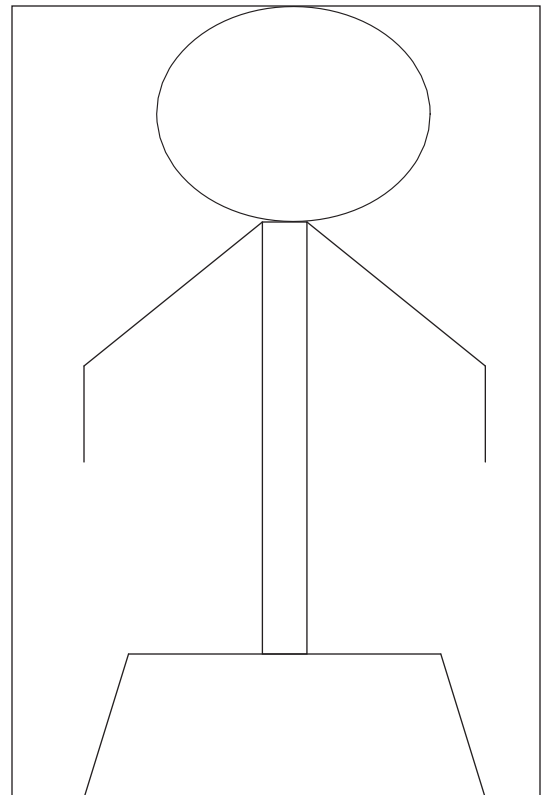
10. Sensory:

11. Gait:

12. Romberg:

13. Other:

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PSYCHOSOCIAL HISTORY

1. Does the member currently have family/friends in the community adequate to meet their needs for care and support? If yes, please describe:

2. Evaluation of member's current living arrangements (Select):

Independent Living :
 Family - Supported Living
 Supervised/Assisted Living
 Nursing Facility

Describe any recent changes:

3. Describe member's current medical and psychiatric support systems (Insurances, Care Providers, Caretakers):

Describe any recent changes:

4. Does the member have a legal guardian or representative?

Yes No

Name _____ Relationship _____

Contact Information: _____

5. Evaluation of member's ability to perform activities of daily living (Select):

	Needs Assistance	Independent
a) Bathing	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b) Dressing	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c) Eating	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d) Walking/Ambulation/Mobility	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e) Managing Money	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f) Medication Administration	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Describe, including any assistive devices needed:

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MENTAL STATUS EXAMINATION

- Actual Age _____ Apparent Age: As Stated Older Younger
- Race/Ethnicity Caucasian Black Hispanic Asian/Pacific Islander American Indian Other/Mixed
- Gender Male Female Other
- Height Tall Medium Short
- Build Cachectic Thin Medium Heavy Very obese
- Hygienic state Clean Disheveled Unshaven Odorous
- Clothing Appropriate Untidy Peculiar (describe): _____
- Other:

BEHAVIOR/ATTITUDE:

- Alertness Normal/Responsive Hyper-vigilant Sleepy Confused Stuporous Comatose
1. Other _____
- Posture Normal Slumped Rigid Relaxed 2. Other _____
- Gait Normal Abnormal Not Observed 3. Other _____
- Facial Expression Normal/Unremarkable Flat/Immobile Sad Worried Angry Variable Happy
4. Other _____
- Eye Contact Good Avoided Stared into space Staring 5. Other _____
- Attention Span Poor Satisfactory Distractable 6. Other _____
- Motor Level Normal Hypoactive Hyperactive 7. Other _____
- Mannerisms None Posturing Stereotypy Pacing Tongue movements/Thrusting Tics
 Hand wringing Echopraxia Buccolingual-masticator (chewing) 8. Other _____
- Physiological None Tearful Crying Blushing Sweating Tremulous 9. Other _____

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BEHAVIOR/ATTITUDE Continued:

10. Manner of relating to interviewer:

- a. Warmth Seductive Friendly Indifferent Cold Variable a. Other _____
- b. Trust Trustful Somewhat Trustful Mildly Suspicious Openly Distrustful b. Other _____
- c. Gender Appropriate Effeminate Masculine c. Other _____
- d. Cooperativeness Active Cooperation Passive Cooperation Structure-Seeking Demanding Antagonistic
 Passively Uncooperative Argumentative Bargaining Sarcastic Vague
 Evasive Hostile d. Other _____
- e. Style Unremarkable Dramatic Apathetic Worried Boastful Self-Deprecatory
e. Other _____

11. Was there a significant change in relating manner during the session? If yes, describe: Yes No

AFFECT AND MOOD:

- Affect:** Appropriate to content Blunted Flat Inappropriate Labile Other _____
- Mood:** Suspicious Euphoric Shame Guilt Indifference Relaxed Anxious Fearful Angry
 Depressed Agitated Other _____

SPEECH:

1. Language: English Spanish 1. Other _____
2. Quantity: Mute Answers only questions Normal/Fluent Verbose 2. Other _____
3. Amplitude: Soft Normal Loud Screaming Monotone 3. Other _____
4. Impediments: None Stutter Lisp Slurring 4. Other _____
5. Speed: Normal Slow Rapid Pressured 5. Other _____

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THOUGHT PROCESSES:

1. Association: Tight Logical Blocking Loose Incoherent
 Clang Rhyming 1. Other _____
2. Stream of Thought: Unremarkable Over Inclusive Concrete Echollic Joking Neologistic
 Flight of Ideas Precise Circumstantial Tangential Non Spontaneous
 2. Other _____

THOUGHT CONTENT:

1. Delusions: Yes No If yes, describe:

2. Feelings of Influences: Yes No If yes, describe:

3. Ideas of Reference: Yes No If yes, describe:

4. Depression: Yes No If yes, describe:

5. Obsessions/Compulsions: Yes No If yes, describe:

6. Phobic Thoughts: Yes No If yes, describe:

7. Anxieties: Yes No If yes, describe:

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THOUGHT CONTENT Continued:

8. Depersonalization/Derealization: Yes No If yes, describe:

9. Illusions: Yes No If yes, describe:

10. Hallucinations: Yes No If yes, describe: Auditory Visual Gustatory Olfactory Tactile

11. Suicidal Ideation: Yes No If yes, describe:

12. Homicidal Ideation: Yes No If yes, describe:

INTELLECTUAL FUNCTION: (ALL ITEMS IN THIS SECTION MUST BE COMPLETED)

1. ORIENTATION:

a. Person Yes No

b. Place (Specific) Full/Exact Partial Disoriented Describe: _____

c) Time (Specific):

i. Date/Day of week: Yes No

ii. Month: Yes No

iii. Season of year: Yes No

iv. Year: Yes No

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INTELLECTUAL FUNCTION Continued:

2. FUND OF KNOWLEDGE: (e.g., Current Events, Geography, Current and Past Presidents, Comparisons/Differences)

Superior Above Average Average Below Average Poor

Describe Abnormal Findings:

3. CALCULATIONS:

Serial 3s Yes No

Serial 7s Yes No

Other: _____

4. MEMORY:

Three object recall memory: Immediate: 0/3 1/3 2/3 3/3
 3-5 minutes: 0/3 1/3 2/3 3/3
 10 minutes: 0/3 1/3 2/3 3/3

Digit Span Memory (Record actual results):

Digit Span Forward:

Digit Span Backward:

6, 1, 2 _____
 3, 4, 1, 7 _____
 6, 3, 8, 8, 4 _____
 9, 7, 2, 4, 6, 3 _____

2, 5 _____
 2, 7, 4 _____
 8, 4, 1, 3 _____
 4, 5, 2, 9, 3 _____

Can the member name a pencil/pen and watch correctly?

Yes No

Can the member repeat "No, ifs, ands, or buts" correctly?

Yes No

Can the member follow a three-step command?

Yes No

("Take a paper in your right hand, fold it in half and put it on the floor")

Other _____

Can the member name the current US President ? Yes No Other _____

Can the member name the prior US President? Yes No Other _____

5. INTELLIGENCE ESTIMATE: Superior Above Average Average Borderline IQ Mental Retardation

7. JUDGEMENT: Excellent Good Average Significantly Limited Poor

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MENTAL STATUS EXAMINATION Continued:

7. INSIGHT:

Insight into problem: Yes No

General Insight: Full/Complete Partial Significantly Limited Poor None

TARDIVE DYSKINESIA EXAMINATION: Negative Positive

Describe abnormal findings:

Assets (Personal and other strengths exhibited by member despite presence of any illness e.g., supportive family, sense of honor, motivation for treatment)

Describe:

DSM IV Diagnosis

DSM IV	Diagnostic Code	Diagnosis	Date of Onset
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V	GAF Score		

This Psychiatric and Medical History, Report of Physical Examination, and Mental Status Examination was completed by:

Psychiatrist's Name (Print)	_____
Psychiatrist Signature	_____

Date	_____
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