

Wildwood Case Management Unit
Intake Assessment Form

Client Name _____ DOB _____

Date _____

1. PRESENTING PROBLEM (Functional impairment, symptoms, background)

2. CURRENT CLIENT INVOLVEMENT WITH OTHER AGENCIES

Agency/Person	Phone	Service	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. ASSESSMENT OF LIFE CIRCUMSTANCES OR CHANGES
IN THE FOLLOWING AREAS**

Family

Social

Support

Legal

Education

Occupation

Finances

Psychosocial & environmental problems

4. CURRENT MEDICAL CONDITIONS

Condition

Physician

Treatment

5. PREGNANT () YES () NO

Receiving prenatal care? () YES () NO

6. PRIMARY CARE PHYSICIAN

7. CURRENT MEDICATIONS

Name/Dosage	Prescribed by	Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Side effects

Medication allergies

8. RELATIONSHIP RISK FACTORS;

Is client safe at home? () YES () NO

Does client feel threatened in any way? () YES () NO

If YES describe

Has client been abused in any way? () YES () NO

If YES check all that apply

() Physical () Emotional () Sexual

Relationship of perpetrator to client

Any legal action taken?

Does client have a safety plan? () YES () NO

Needs shelter () YES () NO

Needs protection from abuse order () YES () NO

9. SUICIDE/HOMICIDE EVALUATION

Client's self rating of suicide risk _____

Client's self rating of becoming violent _____

Client's self-rating of homicide risk _____

(1 - none 2 - slight 3 - moderate 4 - extreme/immediate)

10. MENTAL STATUS EXAM

Appearance

age appropriate well groomed disheveled/unkempt bizarre other

Orientation

person place time situation

Behavior/Eye Contact

good limited avoidant none relaxed/calm restless rigid
 agitated slumped posture tense tics tremors

Motor Activity

mannerisms motor retardation catatonic behavior

Manner

appropriate trusting cooperative inappropriate withdrawn seductive
 playful evasive guarded sullen passive defensive hostile
 manic demanding inappropriate boundaries

Speech

normal incoherent pressured too detailed slurred slowed
 impoverished halting neologisms neurological language disturbances

Mood

appropriate depressed irritable anxious euphoric fatigued
 angry expansive

Affect

broad tearful blunted constricted flat labile excited
 anhedonic

Sleep

good fair poor increased decreased initial insomnia
 middle insomnia terminal insomnia

Appetite

good fair poor increased decreased weight gain weight loss

Thought process

logical and well organized illogical flight of ideas circumstantial
 loose associations rambling obsessive blocking tangential
 spontaneous perseverative distractible

Thought content

delusions paranoid delusions distortions thought withdrawal
 thought insertion thought broadcast magical thinking somatic delusions
 ideas of reference delusional guilt grandiose delusions nihilistic delusions
 ideas of inference

Perception/hallucinations

() illusions () hallucinations () depersonalization () derealization

Suicide risk

() none () slight () moderate () significant () extreme () no plan () plan (describe)

Violence risk

() none () slight () moderate () significant () extreme () no plan () plan (describe)

Judgment

() intact () age appropriate () impulsive () immature () impaired () mild
() moderate () severe

Insight

() intact () limited () very limited () fair () none () aware of current disorder
() understands personal role in problems

Sensorium

() alert () drowsy () stupor () obtundation () coma

Memory

() intact () impaired () immediate recall () remote () amnesia

type of amnesia _____

Intelligence

() average () above average () below average () unable to establish

Interviewer summary of findings (add details where appropriate)

11. SUBSTANCE USE/ABUSE

Type	Amount used	How taken	Duration	Frequency	Date of last use
Tobacco					
Alcohol					
Illicit Drugs					
Prescription Drugs					
OTC Drugs					
Other					

Experiencing:

- Withdrawal YES NO
- Blackouts YES NO
- Hallucinations YES NO
- Vomiting YES NO
- Severe Depression YES NO
- DTs and Shaking YES NO
- Seizures YES NO
- Other YES NO

Describe

Patterns of use

- Uses more under stress YES NO
- Continues use when others have stopped YES NO
- Has lied about consumption YES NO
- Has tried to avoid others while using YES NO
- Has been drunk/high for several days at a time YES NO
- Neglects obligations when using YES NO
- Usually uses more than intended YES NO
- Needs to increase use to become intoxicated YES NO
- Has tried to hide consumption YES NO
- Sometimes uses before noon YES NO
- Cannot limit use once begun YES NO
- Failed to keep promises to reduce use YES NO

Describe attempts to stop

Describe circumstances that usually lead to relapse

Is client involved in AA/NA? YES NO

12. CLIENT REQUESTS, GOALS, EXPECTATIONS

13. CLINICAL SUMMARY (Pull together information you have collected and summarize, identifying possible relationships, conditions and causes that may have led to current situation)

14. IMPRESSIONS

15. RECOMMENDATIONS

Case Manager Signature

Date