



NAME/MRN: \_\_\_\_\_

**PSYCHIATRIC ASSESSMENT ANNUAL UPDATE**

Date of Service: \_\_\_\_\_ RU: \_\_\_\_\_  
 Staff #: \_\_\_\_\_ Hours: \_\_\_\_\_ Mins: \_\_\_\_\_  
 Code Activity:  361 EVAL/RX Location:  1 Office  2 Field  4 Home  5 School Satellite  18 Other

**Service Strategies:** (Please check up to three, if applicable)

<input type="checkbox"/> 50 Peer/Fam Deliv Svcs	<input type="checkbox"/> 53 Supportive Education	<input type="checkbox"/> 56 Ptnrshp:Soc Svcs	<input type="checkbox"/> 59 Integrated Svcs:MH-Dvlp Disbled
<input type="checkbox"/> 51 Psych Education	<input type="checkbox"/> 54 Prtnrshp:LawEnfcmt	<input type="checkbox"/> 57 Ptnrshp:Subs Abuse	<input type="checkbox"/> 60 Ethnic-Specific Service Strategy
<input type="checkbox"/> 52 Family Support	<input type="checkbox"/> 55 Ptnrshp:Health Care	<input type="checkbox"/> 58 IntSvcs:MH/Aging	<input type="checkbox"/> 61 Age-Spec Svc Strategy <input type="checkbox"/> 99 Unknown

Description and Interim Psychiatric Treatment History (since last assessment):

**MENTAL STATUS EXAMINATION**

General (e.g., appearance, behavior): \_\_\_\_\_  
 Mood/Affect: \_\_\_\_\_  
 Perception: \_\_\_\_\_  
 Thinking: \_\_\_\_\_  
 Insight /Judgment: \_\_\_\_\_  
 Cognitive  WNL

Allergies or Adverse Reactions/Drug Intolerances:  NKA

Reviewed and Discussed:  Pregnancy Risk  Current Substance  Current Suicide Risk

Details:

**DIAGNOSIS:** Include substance related diagnoses.

DSM-5 Code: \_\_\_\_\_ (Primary) AND ICD-10 Code: \_\_\_\_\_  
 DSM-5  
 Diagnosis Title/Narrative: \_\_\_\_\_

DSM-5 Code: \_\_\_\_\_ (Secondary) AND ICD-10 Code: \_\_\_\_\_  
 DSM-5  
 Diagnosis Title/Narrative: \_\_\_\_\_

## Active Medical Problems:

PCP \_\_\_\_\_

Date of last visit \_\_\_\_\_

Current Psychiatric Medications

Current Non-Psychiatric Drugs (incl OTC &amp; herbal):

## Changes in Treatment/ Recovery Plan:

## Treatment Plan/Partnership Plan signed by consumer.

- Drug information was provided and informed consent is current for each medication prescribed.  
 The consumer appears to understand the information provided and was given opportunity to ask questions.

Consumer is able to manage own medication:  YES  NO Explain

Assessment in language other than English:  Spanish  Other \_\_\_\_\_

Interpreter Name of Interpreter: \_\_\_\_\_

**MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
 Data Entry Clerk Initials