Name:	NHI:		(C)
Address:			BAY OF PLENTY
			BAY OF PLENTY DISTRICT HEALTH BOARD HAU OR A A TO I MH&AS COMPREHENSIVE
			MH&AS COMPREHENSIVE
DOB:	Ethnicity:		ASSESSMENT FORM - ADULT
	Attach patient label		
INTERVIEWER/S		Date	of Interview:
		Time	of Interview
Others present			
D. (			
Referrer:			
G.P			
Legal Status:	I	Responsible Clinic	
Enduring Power o	f Attorney:	EPo	A on file: yes no
INTRODUCTION			
Reason for referral			
Consumer's			
reaction to referral			
PRESENTING			
PROBLEMS			
AND HISTORY			
Consumer's belief			
of what is wrong.			
Why Now?			
SYMPTOM ENQUIRY			
Any of the following			
not detailed above			
Depression Elation			
Anxiety			
Panic			
Phobia			
Obsessions			
Compulsions			

Name:			NHI	:				/	0		
Address:						BAY OF PLENTY DISTRICT HEALTH BOARD					
							мн	H J	AUORA A T	01	INSIVE
DOB:	A 44	Ethni					ASSE	SSME	NT FO	RM	- ADULT
	Attac	h patient label									
Delusions Hallucinations Passivity experiences											
Suicidal/homicidal ideas & plans											
Physical symptoms related to mental disorder											
SUBSTANCE USE	Are you	Smokefree	?	Yes No		NRT of	fered?		epted lined		(see treatment plan)
Primary											·
Substance of Concern:											
(Current or most											
recent use, first use,)											
Drugs used (specify	y type)	Age first used		ears of viest use	da	pprox. ite st used	Freque of use	ncy	Quantit	y	Method le. Inject, smoke, snort
Alcohol											
Cannabis											
Synthetic Cannabis											
Amphetamines (spee	ed)										
Methampethamine ('	P')										
Party Pills											
Ecstasy											
Cocaine											
Benzodiazepine											
Heroin											
Methadone - non-pre	escribed										
Methadone – prescri											
Other opioids											
Hallucinogens (LSD,	mushrooms)										
Solvents / Inhalants											
Other											
Caffeine											
Gambling: Do you g	amble?	Yes 🗌	No [		lf v	es, is this	a problen	n for you	  ?		
		····									

Name:	NHI:	
Address:		
		BAY OF PLENTY DISTRICT HEALTH BOARD H ALL O R A A TO I MH&AS COMPREHENSIVE
DOB:	Ethnicity:	ASSESSMENT FORM - ADULT
	Attach patient label	
PERSONAL HISTORY		
Birth & Development milestones		
Quality of family life Schooling		
Adolescent & social development Work history		
Sexual & Marital relationships Forensic History		
PAST PSYCH HISTORY		
What		
When		
Past treatments,		
medications & outcome		

ALL CURRENT MEDICATION & COMPLIANCE	
Type, Effectiveness,	
Acceptance of medication	
Side effects	
MEDICAL HISTORY	
Current symptoms	
Past illnesses Operations	
Allergies	
Hep ABC HIV Brain Injury	
BP problems Cholesterol	
Diabetes	
Cardiac issues Thyroid	
Family medical hx	

Name:  Address:	NHI:	BAY OF PLENTY DISTRICT HEALTH BOARD H A LU O R A A TO I MH&AS COMPREHENSIVE
DOB:	<i>Ethnicity:</i> Attach patient label	ASSESSMENT FORM - ADULT
FAMILY PSYCH HISTORY		
SOCIAL SITUATION		
Marital Status Family Support Friends Accommodation Forensic Status activities of daily living function/work/ vocational programme and strengths?		
FAMILY STRUCTURE		
Parents Siblings Offspring Deaths Quality of relationships		
<b>CHILDREN</b> No. of dependent children?	Number of dependent children: Names and ages of dependents:	

Effect of illness On dependent children, Who cares for children when unwell? Family support for parenting?				
Care Planning	Care Plan Required	a Yes 🗌	No 🗌 Informatio	on Provided Yes 🗌 No 🗌
Family violence screening (FVS). The staff in this DHB are concerned about FV and its impact on women and children, therefore we ask all women about any violence in their home.	FV Screen Yes No If no, please indicate why below.	CYFS referral indicated Yes No	Safety plan discussed completed Yes No	Referral to other support agencies i.e. Police, women's refugee, local lwi services, please indicate 
Framing questions For FV:-				

Name:	NHI:	e
Address:		BAY OF PLENTY
		DISTRICT HEALTH BOARD H A L O R A A TO I MH&AS COMPREHENSIVE
DOB:	Ethnicity:	ASSESSMENT FORM - ADULT
	Attach patient label	
Have you ever		
been subject to violence (physical,		
sexual or		
emotional) in the last 12 months?		
Do you feel safe in		
your home and in		
your relationships Any concerns for		
safety or welfare of your children?		
your crindren?		
Premorbid Personality		
CULTURE &		
SPIRITUAL NEEDS		
Ethnic & religious		
affiliations		
Include		
hapu/iwi if Maori		
MENTAL		
STATUS EXAMINATION		
<b>B</b> ehaviour		
Appearance & Movement &		
Affect & Mood		
Thought process & content, Perception		
Cognition, Speech		
<b>O</b> rientation		
<b>M</b> emory, Recall		
Concentration <b>M</b> otivation		
Insight & Intellectual		
functioning		
Knowledge Concrete thinking		
1		

Name:		<i>NHI:</i>	/	$(\mathbf{r})$
Address:			В	AY OF PLENTY
				AY OF PLENTY STRICT HEALTH BOARD A U OR A A TO I
DOB:		Ethnicity:		INT FORM - ADULT
	Attach p	patient label	ASSESSINE	
-	•			
Rapport				
RISK				
FORMULATION				
e.g. 5 P's model				
Problem:.				
<ul> <li>Predisposing</li> </ul>				
factors:				
Precipitating factors:				
<ul> <li>Perpetuating</li> </ul>				
factors:				
Protective				
factors:				
(Can include				
interventions in				
place.)				
DIAGNOSIS/ IMPRESSION				
INITIAL MANAGEMENT PLAN	Plan	Ration	ale	Evaluation
Risk				
Psycho-social needs				
Medication				
Crisis plan	<u> </u>			

Name:		NHI:			0		
Address:					BAY OF PLENTY		
				NALLO .	DISTRICT HEALTH BOARD		
 DOB:	Eth	nicity:			AS COMPREHENSIVE SMENT FORM - ADULT		
Attach pati				ASSLS	SWENT FORW - ADOET		
PHYSICAL EXAMINATION							
General:							
Physi							
al description: Height :	\\/o	ight:					
Eyes: (colour/glasses)	Hai			Teeth	:		
Distinguishing features:							
Urinalysis:							
Temperature:		Skin:			Rash:		
Jaundice: Cyanosis:		Clubbing:	Lymphadenop	oathy:	Pallor: Anaemia:		
VS:			1 .				
Pulse: JVP:			-  <sub>BP:</sub>	1	BP: $\frac{1}{2}$ /		
Apex:					ABDO:		
HS:				Liver	Spleen		
Oedema:			_		$\sim$		
Peripheral Pulses:	chea:			$\uparrow$	$\rightarrow$		
	cussi		ŀ	Kidney	Kidney		
	Breath Sounds:						
	ded:						
NEURO: GCS	/15		PERIPHERI	ĒŚ	REFLEXES		
Orientated time/place/person					$\frown$		
CN II Visual Acu	.:4		Upper Lir	nb			
CN II Visual Acu Fundi	шу		General:				
CN III Pupils			Tone:				
CN III, IV, VI Eye move		3	Power:				
CN V Sensation			Sensation: Co-ordination:				
Musculatu					×   ×		
Corneal R			Lower Lir	nb			
CN VII Power			General:		$\frown$		
CN VIII Hearing	<u> </u>		Tana				
CN IX, X Soft Palate CAG			Tone: Power:		$\left\{ \right\}$		
CN XI Musculature			Sensation:				
CN XII Tongue			Co-ordination				
MEDICAL DIAGNOSIS:							
INVESTIGATIONS: FBC U	&E	Cm Gl	uc LFTS	TFT	ECG Chest X-ray		
Other:					<b>_</b>		