

San Bernardino County

Department of Behavioral Health

Annual Psychiatric Assessment Review Form

Authorization will be based on Medical Necessity (impairment in functioning) per DSM-5/ICD-10 Diagnosis.

Provider Name: _____

Provider Office Address: _____

Client Name: _____ **DOB:** _____ **SSN:** XXX-XX-_____

Sex: Male Female **Age:** _____ **Allergies:** _____

Living Arrangement: Alone Bio Family Foster Family Group Home SNF B&C

Minor's: Ht: _____ Wt: _____ (mandatory for minors)

Minor is under the Jurisdiction of: DFS Court Probation Bio Family Other: _____

Mental Health Status Examination:

| | | | | |
|---|--|--|--|--|
| Affect: | <input type="checkbox"/> Blunted/Flat | <input type="checkbox"/> Labile/Restricted | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Appropriate |
| Mood: | <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Depressed | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Fearful | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other: _____ | |
| Behavior: | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Confused | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Secluded |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Demanding | <input type="checkbox"/> Guarded | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Hostile |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Psychomotor Retardation | | <input type="checkbox"/> Cooperative | |
| Speech: | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Rapid | <input type="checkbox"/> Pressured | <input type="checkbox"/> Monotonous/Slow |
| Thought Process: | <input type="checkbox"/> Logical | <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Tangential | <input type="checkbox"/> Flight of Ideas |
| Insight: <input type="checkbox"/> Good <input type="checkbox"/> Poor | Judgment: | | <input type="checkbox"/> Good | <input type="checkbox"/> Poor |
| Hallucinations: | <input type="checkbox"/> Auditory | <input type="checkbox"/> Visual | <input type="checkbox"/> Other: _____ | |

DSM-5/ICD-10 DIAGNOSIS

Current Diagnosis: _____

If change in Diagnosis, address the following:
 Date of change: _____ Behavioral changes to support change in diagnosis: _____

MANAGEMENT

Dysfunction rating: None Mild Moderate Severe
 Describe how symptoms impair functioning: (Documentation must meet medical necessity).

CLIENT PLAN

How has your treatment benefited the client? Be behaviorally specific and address the problems and treatment goals on the Client Plan.

What plans/techniques/interventions will you use to address these problems?
(MD's, please address all current medications, dosages, and frequency)

List the treatment goals:
Goal #1: _____
 Behavioral Specific Objectives: (observable, measurable, quantifiable, and time limited)
Goal #2: _____
 Behavioral Specific Objectives: (observable, measurable, quantifiable, and time limited)
Modalities Requested: (Check) Number of sessions for 6 month period of time: _____
 Individual Psychotherapy _____ Medication Support _____
Proposed Termination Date (Proposed end date for entire course of treatment): _____
Proposed Therapeutic Interventions: _____

| | | | |
|-------------------------------|-------------------|---------------------------------|-------------------|
| Client Signature _____ | Date _____ | Provider Signature _____ | Date _____ |
|-------------------------------|-------------------|---------------------------------|-------------------|



LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐԷ խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

فارسی (Farsi)

ی‌ن‌ا‌ب‌ز‌ ت‌ا‌ل‌ ی‌م‌س‌ت‌ ،‌ د‌ی‌ن‌ک‌ ی‌م‌ و‌گ‌ت‌ف‌گ‌ ی‌س‌ر‌ا‌ف‌ ن‌ا‌ب‌ز‌ م‌ب‌ ر‌گ‌ا‌ :‌ ت‌ و‌ج‌ه‌

ب‌ ص‌و‌ر‌ت‌ ر‌ا‌ی‌ گ‌ا‌ن‌ ب‌ ر‌ا‌ی‌ ش‌م‌ا‌

ت‌ م‌ا‌س‌ ب‌ گ‌ ی‌ر‌ی‌د‌ [1-888-743-1478] (TTY: [711]) ف‌ ر‌ا‌ه‌م‌ ی‌ ب‌ ا‌ش‌د‌. ب‌ ا‌



LANGUAGE TAGLINES

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ك ب الامجان. ات صل ب رقم ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر ل [1-888-743-1478] (مكبل او مصلا فتاه مقرر) [711].

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយមននកភាសា រោយមិនគិតគូរ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).