hor_307 CPT: 90791

**INITIAL DIAGNOSTIC INTERVIEW**

**Send to** [**External-Referral-Team-STR@kp.org**](mailto:External-Referral-Team-STR@kp.org) or (818) 758-1361

Patient information reviewed and signed which includes confidentiality/exceptions to confidentiality. Informed consent given. Release of information for KP signed. Emergency protocols discussed. KP Behavioral Healthcare Line given 800-900-3277. KP Clinic number given 800-700-8705.

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** |  | **Kaiser MRN:** |  |
| Date of Birth**:** |  | Sex(at birth)**:** |  |
| Occupation**:** |  | Length of Session**:** |  |

Individuals Present:

Other sources of information:

|  |
| --- |
| **PRESENTING PROBLEM** *(Reason for seeking MH treatment, recent losses/changes/stressors)*: |
|  |

|  |
| --- |
| **Symptoms/Behaviors** *(frequency, duration)*: |
|  |
| **Onset of Symptoms/Behaviors:** |

|  |
| --- |
| **RISK ASSESSMENT:** |
| Self-Harming behaviors: |
| Current Suicidal/Homicidal Ideation, Plan or Intent: |
| History of self-harming behaviors or SI/SA HI/HA: |

|  |
| --- |
| **Current or History of Traumatic Events:** |

|  |
| --- |
| **BEHAVIORAL HEALTH HISTORY** *(previous tx, medication hx, psych hospitalizations, addiction treatment)*: |

|  |
| --- |
| **FAMILY BEHAVIORAL HEALTH HISTORY:** *(mental health disorder, substance use history)*: |

|  |
| --- |
| **SUBSTANCE USE:** |
| **Alcohol use:**  Amount:  Frequency:  History: |
| **Drug Use:**  Amount:  Frequency:  History: |

|  |
| --- |
| **SOCIAL HISTORY/SUPPORT SYSTEM:** |
| Family of Origin: |
| Relationship History: |
| Initiates & sustains friendships easily: |
| Social Support: |
| Living Arrangements *(who does patient live with, partner, roommate(s), etc.)*: |

**PATIENT MEDICAL HISTORY *(****Medical Problems/Chronic Conditions/ Allergies)*:

|  |
| --- |
| **BARRIERS TO CARE:** *(cultural or religious, transportation)* |
|  |

MENTAL STATUS EXAM:

Appearance:

Behavior:

Impairment in Cognition or Memory:

Eye contact:

Speech:

Mood:

Affect:

Stream of thought:

Impulse Control:

Judgment:

Insight:

Mild  Moderate  Severe

**FUNCTIONAL STATUS**

* Does the patient have a significant impairment in an important area of life functioning?

In the past 3 months, how impaired has the patient been in the following areas of:

1. Age appropriate self-care

2. Interpersonal Relationships (i.e. friends, peers, etc).

3. Work/school tasks?

4. Participation in usual social/community activities?

* Significant Deterioration: Please note if there reasonable probability of significant deterioration in an important area of life functioning.

During the past 2 weeks, how much has the patient had to cut down the amount of time spent on work or other activities as a result of any emotional problems (such as feeling depressed or anxious)?

* INTERVENTION Provided today (Select what applies):

|  |  |  |
| --- | --- | --- |
| History Gathering | Rapport Building | Emotional Support |
| Initial Education on Solution Focused Therapy to begin clarifying goals and formulate solutions | Initial Education on Improving Stress Management Skills to include developing relaxation skills, improved self-care, developing balance in life | Initial Education on cognitive therapy, emphasizing cognitive restricting to increase adaptive thinking, resiliency and problem solving skills |
|  |  |  |
| Crisis Intervention | Other |  |

* GENERAL SUMMARY AND CLINICAL IMPRESSION:

**DSM V DIAGNOSIS**

Axis I:

Axis II:

Axis III: Notable medical condition impacting mental well-being

|  |
| --- |
| **TREATMENT PLAN:** |
|  |

**TREATMENT GOALS:**



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Name/Signature:

Title:

Date of service: