Magellan HEALTHCARE℠

Clinical Assessment

Instructions: Complete the Clincial Assessment during or after the first EAP session with a Magellan client. The completed assessment is to be filed in the client's clinical record.

CLIENT NAME: _____ **CASE#:** _____
(located on the EAP billing form)

PRECIPITATING EVENT:

PSYCHOLOGICAL/EMOTIONAL SYMPTOMS and MENTAL STATUS

Current Signs and Symptoms: 0=None 1=Mild 2=Moderate 3=Severe

Depressed Mood	0☐ 1☐ 2☐ 3☐	Generalized Anxiety	0☐ 1☐ 2☐ 3☐	Delusions	0☐ 1☐ 2☐ 3☐
Appetite Disturbance	0☐ 1☐ 2☐ 3☐	Panic Attacks	0☐ 1☐ 2☐ 3☐	Hallucinations	0☐ 1☐ 2☐ 3☐
Sleep Disturbance	0☐ 1☐ 2☐ 3☐	Phobias	0☐ 1☐ 2☐ 3☐	Aggressive Behaviors	0☐ 1☐ 2☐ 3☐
Elimination Disturbance	0☐ 1☐ 2☐ 3☐	Obsessions/Compulsions	0☐ 1☐ 2☐ 3☐	Conduct Problems	0☐ 1☐ 2☐ 3☐
Low Energy	0☐ 1☐ 2☐ 3☐	Binging/Purging	0☐ 1☐ 2☐ 3☐	Oppositional Behavior	0☐ 1☐ 2☐ 3☐
Psychomotor Retardation	0☐ 1☐ 2☐ 3☐	Anorexia	0☐ 1☐ 2☐ 3☐	Sexual Dysfunction	0☐ 1☐ 2☐ 3☐
Agitation	0☐ 1☐ 2☐ 3☐	Paranoid Ideation	0☐ 1☐ 2☐ 3☐		
Lability	0☐ 1☐ 2☐ 3☐	Circumstantial/Tangential	0☐ 1☐ 2☐ 3☐		
Irritability	0☐ 1☐ 2☐ 3☐	Loose Associations	0☐ 1☐ 2☐ 3☐		

Organicity Indicators:

Oriented x 3	☐ Yes	☐ No
Impaired Memory	☐ Yes	☐ No
Other Cognitive Impairment	☐ Yes	☐ No

Specify:

RISK ASSESSMENT.

Check any risk that has occurred in the past three (3) months. Elaborate on any positive findings.

Severity	Suicidal Risk	Homicidal Risk	Abuse: physical/sexual	Domestic Violence
			☐ Victim ☐ Perpetrator	☐ Victim ☐ Perpetrator
0 ☐	None ☐	None ☐	None ☐	None ☐
1 ☐	Ideation [D] ☐	Ideation ☐	Ideation ☐	Verbal Abuse [D] ☐
2 ☐	Intent [D] ☐	Intent ☐	Intent ☐	Emotional Abuse [D] ☐
3 ☐	Plan [D] ☐	Plan ☐	Plan ☐	Physical/sexual abuse [D] ☐
4 ☐	Means [D]* ☐	Means* ☐	Means * ☐	Medical attention/ER [D] ☐
5 ☐	Attempt [D] ☐	Attempt ☐	Attempt ☐	Life threatening [D] ☐

*** Includes client's access to guns**

[D] Complete Depression Screening and results

Threat of Violence (TOV) LEVEL.

Check applicable level. Levels 3-5 require that you contact a Magellan EAP Consultant within 48 hours

☐ 1- Assessed; no indicators
☐ 2- Possible threat mentioned; no current danger
☐ 3- Threat made; possibility of violent action exists
☐ 4- Active threat of violence exists
☐ 5- Client is dangerous to self/others

Comments:

ENVIRONMENTAL, HOME, AND WORK SITUATION; SOCIAL AND PEER SUPPORTS:

RELEVANT SOCIAL HISTORY:

Impact of substance/alcohol use: (Check each statement that applies.)

U ☐ "In the past year, have you ever drunk or used drugs more than you meant to?" or "Have you spent more time drinking or using than you intended to?"
N ☐ "Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?"
C ☐ "Have you felt you wanted or needed to **cut down** on your drinking or drug use in the last year?"
O ☐ "Has anyone objected to your drinking or drug use?"
P ☐ "Have you ever found yourself preoccupied with wanting to use alcohol or drugs?"
E ☐ "Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?"

Two or more checked responses indicate abuse or dependence. Complete the Substance Abuse/Chemical Dependency Assessment Form:

☐ None Noted
☐ Current suspected DSM diagnosis of substance abuse, or ☐ Current suspected DSM diagnosis of substance dependence

Uncope Norman G. Hoffman, Ph.D.

Clinical Assessment *(page 2 of 2)*

CLIENT NAME: _____ **CASE#:** _____

FAMILY HISTORY OF CHEMICAL DEPENDENCE/SUBSTANCE ABUSE OR MENTAL ILLNESS:

PREVIOUS TREATMENT HISTORY:	
LAST VISIT TO MD:	DATE:
CURRENT MEDICAL CONDITIONS:	
CURRENT MEDICATIONS:	

DETERIORATION IN JOB / SCHOOL PERFORMANCE DUE TO THE PROBLEM:

☐ Attendance ☐ Conflict with supervisor ☐ Discipline ☐ Decrease in productivity
☐ Erratic behavior ☐ Accidents/Safety Violations ☐ Conflicts with fellow employees ☐ None

CLIENT STRENGTHS / LIMITATIONS

	Present	Absent	Notes:
1. Bright, learns quickly			
2. Insightful/self aware			
3. Relates well to others			
4. Good social support system			
5. Satisfied w/ job			
6. Satisfied w/ job performance			
7. Hobbies or recreational activity			
8. Marital satisfaction			
9. Motivated to change			
10. Cultural / community involvement			
11. Spiritual focus			
12. Special needs			
13. Other_____			

INTERESTS, SKILLS AND APTITUDES:

PROVISIONAL CLINICAL EVALUATION

Clinician Signature **Credentials** **Date**

