Magellan HEALTHCARE®

Clinical Assessment

Instructions: Complete the Clinical 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
Appetite Disturbance	0 1 2 3	Panic Attacks	0 1 2 3
Sleep Disturbance	0 1 2 3	Phobias	0 1 2 3
Elimination Disturbance	0 1 2 3	Obsessions/Compulsions	0 1 2 3
Low Energy	0 1 2 3	Binging/Purging	0 1 2 3
Psychomotor Retardation	0 1 2 3	Anorexia	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:

Delusions	0 1 2 3
Hallucinations	0 1 2 3
Aggressive Behaviors	0 1 2 3
Conduct Problems	0 1 2 3
Oppositional Behavior	0 1 2 3
Sexual Dysfunction	0 1 2 3

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 circled 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.

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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 ☐ Erratic behavior ☐ Conflict with supervisor ☐ Accidents/Safety Violations ☐ Discipline ☐ Conflicts with fellow employees ☐ Decrease in productivity ☐ 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
DSM-IV (USE CODES & DX CATEGORIES OR PROBLEM CODE)

AXIS I:
AXIS II:
AXIS III:
AXIS IV:
AXIS V:

