# Mental Health Residential Treatment Update

**Facility:**

**Date:**

## Section 1 – Update

### Reason for Update (Check One):
- ☐ Annual update
- ☐ New to institution
- ☐ New to residential treatment
- ☐ Other:

### Interim History and Clinical Course

(history and clinical course since most recent MHU/MHA):

- Salient interim history (include any updates or corrections to previous history):

### Current Psychotropic Medications:
- ☐ No
- ☐ Yes (list)

### Response to Psychotropic Medications Since Last Appraisal or Update:

### Summary of and Response to Other Forms of Treatment Since Last Appraisal or Update:

## Observations / Mental Status

### Appearance
- ☐ Groomed
- ☐ Disheveled
- ☐ Poor Hygiene
- ☐ Malodorous
- ☐ Poor Dentition
- ☐ Scars/Tattoos
- ☐ Other:

### Alertness
- ☐ Alert
- ☐ Somnolent/sedated
- ☐ Other:

### Orientation
- ☐ Person
- ☐ Place
- ☐ Time
- ☐ Situation
- ☐ Other:

### Psychomotor
- ☐ Tremor
- ☐ Fidgety
- ☐ Catatonic
- ☐ Agitated
- ☐ Slowed
- ☐ Posturing, Stereotyped Movements
- ☐ Other:

### Interactional Style
- ☐ Pleasant/Cooperative
- ☐ Suspicious
- ☐ Evasive/Guarded
- ☐ Hostile/Aggressive
- ☐ Urgency/Aggravated
- ☐ Manipulative
- ☐ Withdrawn
- ☐ Other:

### Affect-Visible
- ☐ Euthymic
- ☐ Labile
- ☐ Inappropriate
- ☐ Constricted
- ☐ Flat or blunted
- ☐ Irritable
- ☐ Expansive or euphoric
- ☐ Angry
- ☐ Sad
- ☐ Other:

### Mood (Self-Report)
- ☐ Euthymic
- ☐ Dysthymic/sad
- ☐ Depressed
- ☐ Anxious
- ☐ Angry
- ☐ Hypomanic/Manic
- ☐ Other:

### Speech
- ☐ Appropriate
- ☐ Slurred or dysarthric
- ☐ Limited production
- ☐ Loud
- ☐ Rapid
- ☐ Pressured
- ☐ Soft
- ☐ Slow
- ☐ Lags or latency
- ☐ Neologisms
- ☐ Other:

### Hallucinations
#### Self-Report:
- ☐ None
- ☐ Hallucinations:
- ☐ Other sensory abnormality:

#### Observed:
- ☐ Does not appear to be responding to internal stimuli
- ☐ Appears to be responding to internal stimuli
- ☐ Other:
MENTAL HEALTH RESIDENTIAL TREATMENT UPDATE

FACILITY:  

DATE:  

Thought Process
☐ Organized
☐ Tangential
☐ Loose associations
☐ Poverty of content
☐ Flight of ideas
☐ Racing thoughts
☐ Blocking
☐ Perseverative
☐ Other:

Thought Content
☐ Within normal limits
☐ Delusions:
☐ Hopeless/Helpless
☐ Obsessions:
☐ Paranoia
☐ Phobias
☐ Preoccupation:
☐ Other:

Attention Impairment
☐ None
☐ Mild
☐ Moderate
☐ Severe
☐ Waxing and waning
☐ Other:

Memory Impairment
☐ None
☐ Immediate recall
☐ Short-term
☐ Long-term

Comments on Observations / Mental Status:

Daily Functioning (sleep, appetite, energy):
Sleep:  ☐ Normal ☐ Hypersomnia ☐ Insomnia
Appetite:  ☐ Normal ☐ Increased ☐ Decreased
Weight:  ☐ Normal ☐ Increased ☐ Decreased
Energy:  ☐ Normal ☐ Increased ☐ Decreased

Comment on nature of any positive findings:

Harm to Self / Other:
☐ History of suicidal ideation ☐ History of suicide attempt ☐ Current assaultive ideation
☐ Current suicidal ideation ☐ Current suicide attempt ☐ Current assaultive command
☐ Current suicide plan ☐ Current suicide command ☐ Current self-harm (SIB)

Describe:

Current Suicide Potential:  ☐ Low ☐ Moderate ☐ High
(If Moderate or High or current suicide attempt, plan, or ideation, complete SII)

Describe:

Formulation and Diagnostic Rationale:

DSM-5 Diagnoses:
Name of diagnosis  
Select applicable:

General Dynamic Risk Assessment:
Level of insight:  ☐ Low ☐ Moderate ☐ High

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.
MENTAL HEALTH RESIDENTIAL TREATMENT UPDATE

PATIENT NAME:  
DOC NUMBER:  
DATE OF BIRTH: 

FACILITY:  
DATE:  

Criminal attitudes:  □ Low  □ Moderate  □ High  
Impulsivity:  □ Low  □ Moderate  □ High  

WSDOC Global Assessment of Functioning =
□ 100-91 Superior – Able to function and program in all prison settings with no special supports.
□ 90-81 Minimal symptoms – Able to function and program in all prison settings with occasional informal support.
□ 80-71 Transient symptoms – Able to function and program in all prison settings with informal support. Occasional minor infractions that may, or may not be, related to symptoms.
□ 70-61 Mild or some difficulty – May need periodic or regular formal support (case management) and/or treatment in GP setting. Symptoms may interfere with programming and be related to minor behavioral problems. Generally would not qualify for medical necessity for treatment based on functional limitations.
□ 60-51 Moderate symptoms – Needs regular formal support (case management) and/or treatment in GP setting, rarely in a residential setting. Symptoms affect programming and behavior but are manageable with treatment and/or supports.
□ 50-41 Serious symptoms – Needs regular formal support and treatment in GP setting; likely to need a residential setting. Symptoms affect programming and behavior in ways that limit access to programs and are likely to affect safety and security.
□ 40-31 Reality testing impaired/communication/several areas – Needs residential treatment. Symptoms likely to prevent programming other than highly structured MH programming. Behavioral problems related to symptoms regularly observed. ADLs generally intact but may need support.
□ 30-21 Delusions/hallucinations/impaired communication – Needs acute/intermediate residential treatment. Symptoms substantially affect programming and/or safety and security. ADLs likely compromised.
□ 20-11 Danger of hurting self/minimal hygiene/grossly impaired communication – Needs acute residential treatment. Active danger to self/others or gravely disabled due to mental illness and may need restraint or COA placement. Unable to safely manage ADLs independently.
□ 1-10 Persistent danger of severely hurting self or others, persistent lack of self-care – Likely to need restraint or COA placement. Full care.

Level of Care
□ Acute Care and Evaluation (describe needs)
□ Crisis Stabilization (describe needs)
□ Residential Treatment (describe needs)
□ General Population and Outpatient Services (describe needs)
□ No mental health services indicated

Camp Screening, if applicable (check all that apply)
MENTAL HEALTH RESIDENTIAL TREATMENT UPDATE

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☐ Current mental health evaluation reflects a GAF of 61 or more
☐ Patient has not committed any self-destructive acts for over one year
☐ Offender’s mental health needs can be met at camp where mental health staff are on-site, but there is no psychiatric prescriber on-site.
☐ Mental health issues do not interfere with living under camp circumstances

Psychological Testing Referral:
☐ Psychological testing needed. Include reason, clinician referred to, and date of referral:

Classification information: Custody level: ___________ S code: _____ ERD: ___________

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