



PATIENT NAME:	
DOC NUMBER:	DATE OF BIRTH:

## MENTAL HEALTH RESIDENTIAL TREATMENT UPDATE

FACILITY:	DATE:
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### 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

<b>Appearance</b> <input type="checkbox"/> Groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Malodorous <input type="checkbox"/> Poor Dentition <input type="checkbox"/> Scars/Tattoos <input type="checkbox"/> Other:	<b>Alertness</b> <input type="checkbox"/> Alert <input type="checkbox"/> Somnolent/sedated <input type="checkbox"/> Other: <b>Orientation</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <input type="checkbox"/> Other:	<b>Psychomotor</b> <input type="checkbox"/> Tremor <input type="checkbox"/> Fidgety <input type="checkbox"/> Catatonic <input type="checkbox"/> Agitated <input type="checkbox"/> Slowed <input type="checkbox"/> Posturing, stereotyped movements <input type="checkbox"/> Other:	<b>Interactional Style</b> <input type="checkbox"/> Pleasant/Cooperative <input type="checkbox"/> Suspicious <input type="checkbox"/> Evasive/Guarded <input type="checkbox"/> Hostile/Aggressive <input type="checkbox"/> Urgency/Aggravated <input type="checkbox"/> Manipulative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other:
<b>Affect-Visible</b> <input type="checkbox"/> Euthymic <input type="checkbox"/> Labile <input type="checkbox"/> Inappropriate <input type="checkbox"/> Constricted <input type="checkbox"/> Flat or blunted <input type="checkbox"/> Irritable <input type="checkbox"/> Expansive or euphoric <input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Other:	<b>Mood (self-report)</b> <input type="checkbox"/> Euthymic <input type="checkbox"/> Dysthymic/sad <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Hypomanic/Manic <input type="checkbox"/> Other:	<b>Speech</b> <input type="checkbox"/> Appropriate <input type="checkbox"/> Slurred or dysarthric <input type="checkbox"/> Limited production <input type="checkbox"/> Loud <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Soft <input type="checkbox"/> Slow <input type="checkbox"/> Lags or latency <input type="checkbox"/> Neologisms <input type="checkbox"/> Other:	<b>Hallucinations</b> <b>Self-Report:</b> <input type="checkbox"/> None <input type="checkbox"/> Hallucinations: <input type="checkbox"/> Other sensory abnormality: <b>Observed:</b> <input type="checkbox"/> Does not appear to be responding to internal stimuli <input type="checkbox"/> Appears to be responding to internal stimuli <input type="checkbox"/> Other:



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<b>Thought Process</b> <input type="checkbox"/> Organized <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> Poverty of content <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Blocking <input type="checkbox"/> Perseverative <input type="checkbox"/> Other:	<b>Thought Content</b> <input type="checkbox"/> Within normal limits <input type="checkbox"/> Delusions: <input type="checkbox"/> Hopeless/Helpless <input type="checkbox"/> Obsessions: <input type="checkbox"/> Paranoia <input type="checkbox"/> Phobias <input type="checkbox"/> Preoccupation: <input type="checkbox"/> Other:	<b>Attention Impairment</b> <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Waxing and waning <input type="checkbox"/> Other:	<b>Memory Impairment</b> <input type="checkbox"/> None <input type="checkbox"/> Immediate recall <input type="checkbox"/> Short-term <input type="checkbox"/> Long-term
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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:

<input type="checkbox"/> History of suicidal ideation	<input type="checkbox"/> History of suicide attempt	<input type="checkbox"/> Current assaultive ideation
<input type="checkbox"/> Current suicidal ideation	<input type="checkbox"/> Current suicide attempt	<input type="checkbox"/> Current assaultive command
<input type="checkbox"/> Current suicide plan	<input type="checkbox"/> Current suicide command	<input type="checkbox"/> 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  
 Criminal attitudes:     Low                       Moderate                       High



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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)**



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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
- Patient'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: \_\_\_\_\_

DATE	SIGNATURE	TITLE	STAMP/TYPE NAME