

Patient's name		Insured ID (Prime Number)	
SSN		Date of birth	
Agency Use Only – Complete fully before routing			
Program	Branch	Case Number	Worker ID
Case Name		Date of request	

Comprehensive Psychiatric or Psychological Evaluation

Please use the following outline for the Comprehensive Psychiatric or Psychological Evaluation.

- I. Summary history
 - a. Social (*including family, educational and significant life events*)
 - b. Mental illness (*including development of psychiatric symptoms, hospitalizations and course of illness to date*)

- II. Mental status examination including
 - a. General appearance and interview behaviors
 - b. Thought processes
 - c. Thought content — delusions, hallucinations
 - d. Affects
 - e. Judgment
 - f. Risk of harm to self or others
 - g. Intellectual functioning
 - h. Indication of organic impairment, if any
 - i. Current social functioning and activities of daily living
 - j. Severity of functional limitations
 - i. Restriction of activities of daily living
 - ii. Difficulties in maintaining social functioning
 - iii. Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (*in work settings or elsewhere*).
 - iv. Episodes of deterioration or decompensation in work-like settings which cause the individual to withdraw from that situation or to experience exacerbation of signs and symptoms (*which may include deterioration or adaptive behaviors*).

- III. Substance abuse history and current pattern of use/abuse

- IV. Diagnosis (*must be substantiated above by history and mental status examination, using American Psychiatric Association nomenclature according to current DSM*)

- V. Prognosis/expected duration

- VI. Treatment recommendations including medications

- VII. Physical/health problems and treatment (*if any*)