

**Comprehensive Psychiatric
or Psychological Evaluation**

Patient's Name		Insured's ID (Prime No)	
		Date of Birth	
Agency Use Only			
Program	Branch	Case Number	Wkr ID
Case Name			Filing Sect 5

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
 - 1. Restriction of activities of daily living
 - 2. Difficulties in maintaining social functioning
 - 3. Deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner (in work settings or elsewhere).
 - 4. 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)