



Inpatient Assessment Report

Instructions

1. An inpatient assessment must be completed within 72 hours after a child is admitted to an inpatient assessment facility, excluding weekends and holidays.
2. Attach the inpatient assessment to this report when providing it to DCS.
3. DCS must file a motion for inpatient services to the juvenile court within 24 hours of the assessment.
4. You may select more than one option in Section B, but you must document your reasons in Section C.
5. If you require additional space to complete Section C, please use page 3.

 Child's Name

 Date of Birth

 Date of Report

A. Assessment

I am the licensed psychiatrist psychologist or physician psychiatric/mental health nurse practitioner (check one) who conducted an inpatient assessment of the above-named youth on _____ which included the following elements as required by § A.R.S. 8-271(3):
Date

Initial all elements that apply.

Observation of the child's behavior while the child is at an inpatient assessment facility.

Psychological or psychiatric testing, if indicated;

A determination as to whether the child needs acute inpatient psychiatric services at this time.

A determination that acute inpatient psychiatric services are the most appropriate and least restrictive treatment intervention for the child at this time.

Recommended AND/OR administered psychotropic medication with the required indicated monitoring, as necessary to complete the assessment OR prevent the child from being a danger to self or others.

Compiled a written report that summarizes the findings of the inpatient psychiatric assessment; including specific recommendations for continued treatment and follow-up care. *(Please submit a copy of this admission assessment with this form)*

Psychiatric or psychological assessment, including clinical interview with a child

Provided an explanation to the child of the available alternatives (if any) to meet the child's mental health needs and their associated level(s) of restriction

A determination as to whether the child may be suffering from a mental disorder, is a danger to self or others, or is acutely disabled or gravely disabled, as defined in A.R.S. §36-501.

A review of the child's medical, social and psychological records as available.

B. Inpatient Assessment Recommendations

Based on the foregoing assessment, I recommend that the child be (choose at least one):

Admitted to an acute inpatient psychiatric hospital for inpatient psychiatric care services.

(If this option is checked, please complete Part C below and ensure the Length of Stay (LOS) and discharge plan are described)

Consider admission to Residential Treatment Facility (BHIF). If selected, complete Section D for recommendations to RTC

Discharged to a community-based setting, and provided with outpatient behavioral health treatment services.

Discharged to a community-based setting without any further psychological or psychiatric services; as the child does not appear to suffer from a mental disorder, is not a danger to self or others, and is not acutely or gravely disabled.

C. Recommendation For Acute Inpatient Psychiatric Care

My recommendation that the child receive acute inpatient psychiatric services is based on the following:

1 Acute inpatient psychiatric services are in the child's best interest for the following reasons:

2 Acute inpatient psychiatric services are the most appropriate and least restrictive treatment intervention at this time for the following reasons:

3 The child requires acute inpatient psychiatric services due to the following diagnosis/es:

4 The estimated length of time for this child's condition to be stabilized through acute inpatient psychiatric services and any potential discharge plan:

D. Recommendation For Behavioral Health Inpatient Facility Residential Treatment (BHIF-RTC) Services

My recommendation that the youth receive BHIF-RTC upon discharge from this facility is based on the following:

1 Behavioral Health Inpatient Facility Residential Treatment (BHIF-RTC) Services are in the child's best interests at this time for the following reasons:

2 BHIF-RTC Services are the most appropriate and least restrictive treatment intervention at this time for the following reasons:

3 The child's behavioral, psychological, social or mental health needs require BHIF-RTC Services for the following reasons:

4 The estimated length of time the child will require BHIF-RTC Services is:

E. Additional Notes

Psychiatrist, Psychologist or Physician Performing Assessment, Psychiatric/Mental Health Nurse Practitioner Name (Printed)

Email Address

Facility Phone No.

Psychiatrist, Psychologist or Physician Performing Assessment, Psychiatric/Mental Health Nurse Practitioner Signature

Date of Report



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