

POLICY 680-C, ATTACHMENT B - LEVEL II PASRR PSYCHIATRIC EVALUATION

| | |
|-----------|--|
| Date | |
| Name | |
| DOB | |
| AHCCCS ID | |

Nursing Facility Appropriate and/or Specialized Services

Location _____

Initial Review Yes No

1. Does the member have a PRINCIPAL diagnosis of dementia? Yes No
If yes, STOP AND PROCEED TO History and Examination.
If no, proceed to question 2.

2. Does the member have a Serious Mental Illness qualifying diagnosis? Yes No
If yes, proceed to question 3
If no, do not complete the rest of the page, DOCUMENT FINDINGS ON NEXT PAGE

3. Does this member require Nursing Facility (NF) level of care? If yes, please explain why: Yes No

If no, identify appropriate community placement needs (i.e. therapeutic group home, assisted living, in-home/out patient care, etc.):

4. Does this member require Specialized Services (Psychiatric care beyond that available in the current/proposed placement)? Yes No

If yes, please explain why:

5. Does this member require any additional psychiatric care to be provided in this facility? If yes, what services: Yes No

Signature _____ **Date** _____ Board Certified Yes No

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HISTORY AND EXAMINATION

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IDENTIFYING DATA

Examination Date _____

Gender _____

Examination Time _____

Marital Status _____

Race/Ethnicity _____

Actual Age _____

Level of Education _____

Occupation _____

CHIEF COMPLAINT OR REASON FOR REFERRAL

(Pertinent findings from Level I Screening or Resident Review):

HISTORY OF PSYCHIATRIC SYMPTOMATOLOGY AND TREATMENT

(including past psychotropic medications and hospitalizations):

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HISTORY AND EXAMINATION Continued

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DEVELOPMENTAL HISTORY:

PAST MEDICAL/SURGICAL HISTORY (include the following):

Childhood Illnesses:

Significant acute and chronic illness (including hospitalizations):

Surgeries:

Injuries and Fractures:

Pertinent Family Medical History:

Allergies:

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REVIEW OF BODY SYSTEMS (Pertinent Positives Only):

SUMMARY OF RECENT PHYSICAL EXAMINATION FINDINGS (Pertinent Positives Only):

DATE OF MOST RECENT PHYSICAL EXAMINATION:

MUSCULOSKELETAL-SKELETAL SYSTEM (Abnormal Findings Only):

1. Spine:

2. Back:

3. Joints:

4. Upper extremities:

5. Lower extremities:

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NEUROLOGIC SYSTEM (Abnormal Findings Only):

1. Cranial nerves:

2. Finger to Nose:

3. Heel to Shin:

4. Motor Bulk:

5. Motor Strength:

6. Motor Tone:

7. Reflexes:

8. Coordination:

9. Movements:

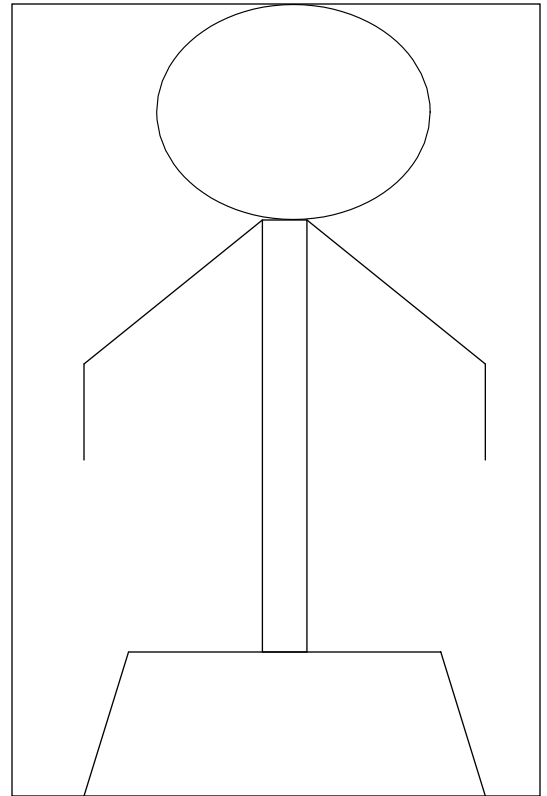
10. Sensory:

11. Gait:

12. Romberg:

13. Other:

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PSYCHOSOCIAL HISTORY

1. Does the member currently have family/friends in the community adequate to meet their needs for care and support? If yes, please describe:

2. Evaluation of member's current living arrangements (Select):

Independent Living :
 Family - Supported Living
 Supervised/Assisted Living
 Nursing Facility

Describe any recent changes:

3. Describe member's current medical and psychiatric support systems (Insurances, Care Providers, Caretakers):

Describe any recent changes:

4. Does the member have a legal guardian or representative? Yes No

Name _____ Relationship _____

Contact Information: _____

5. Evaluation of member's ability to perform activities of daily living (Select):

| | Needs Assistance | | Independent | |
|--------------------------------|------------------|----|-------------|----|
| a) Bathing | Yes | No | Yes | No |
| b) Dressing | Yes | No | Yes | No |
| c) Eating | Yes | No | Yes | No |
| d) Walking/Ambulation/Mobility | Yes | No | Yes | No |
| e) Managing Money | Yes | No | Yes | No |
| f) Medication Administration | Yes | No | Yes | No |

Describe, including any assistive devices needed:

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MENTAL STATUS EXAMINATION

1. Actual Age _____ Apparent Age: As Stated Older Younger
2. Race/Ethnicity Caucasian Black Hispanic Asian/Pacific Islander American Indian Other/Mixed
3. Gender Male Female Other
4. Height Tall Medium Short
5. Build Cachectic Thin Medium Heavy Very obese
6. Hygienic state Clean Disheveled Unshaven Odorous
7. Clothing Appropriate Untidy Peculiar (describe): _____
8. Other:

BEHAVIOR/ATTITUDE:

1. Alertness Normal/Responsive Hyper-vigilant Sleepy Confused Stuporous Comatose
1. Other _____
2. Posture Normal Slumped Rigid Relaxed 2. Other _____
3. Gait Normal Abnormal Not Observed 3. Other _____
4. Facial Expression Normal/Unremarkable Flat/Immobile Sad Worried Angry Variable Happy
4. Other _____
5. Eye Contact Good Avoided Stared into space Staring 5. Other _____
6. Attention Span Poor Satisfactory Distractable 6. Other _____
7. Motor Level Normal Hypoactive Hyperactive 7. Other _____
8. Mannerisms None Posturing Stereotypy Pacing Tongue movements/Thrusting Tics
 Hand wringing Echopraxia Buccolingual-masticator (chewing) 8. Other _____
9. Physiological None Tearful Crying Blushing Sweating Tremulous 9. Other _____

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BEHAVIOR/ATTITUDE Continued:

10. Manner of relating to interviewer:

- a. Warmth Seductive Friendly Indifferent Cold Variable a. Other _____
- b. Trust Trustful Somewhat Trustful Mildly Suspicious Openly Distrustful b. Other _____
- c. Gender Appropriate Effeminate Masculine c. Other _____
- d. Cooperativeness Active Cooperation Passive Cooperation Structure-Seeking Demanding Antagonistic
 Passively Uncooperative Argumentative Bargaining Sarcastic Vague
 Evasive Hostile d. Other _____
- e. Style Unremarkable Dramatic Apathetic Worried Boastful Self-Deprecatory
e. Other _____

11. Was there a significant change in relating manner during the session? If yes, describe: Yes No

AFFECT AND MOOD:

- Affect:** Appropriate to content Blunted Flat Inappropriate Labile Other _____
- Mood:** Suspicious Euphoric Shame Guilt Indifference Relaxed Anxious Fearful Angry
 Depressed Agitated Other _____

SPEECH:

1. Language: English Spanish 1. Other _____
2. Quantity: Mute Answers only questions Normal/Fluent Verbose 2. Other _____
3. Amplitude: Soft Normal Loud Screaming Monotone 3. Other _____
4. Impediments: None Stutter Lisp Slurring 4. Other _____
5. Speed: Normal Slow Rapid Pressured 5. Other _____

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THOUGHT PROCESSES:

1. Association: Tight Logical Blocking Loose Incoherent
 Clang Rhyming 1. Other _____

2. Stream of Thought: Unremarkable Over Inclusive Concrete Echollic Joking Neologistic
 Flight of Ideas Precise Circumstantial Tangential Non Spontaneous
 2. Other _____

THOUGHT CONTENT:

1. Delusions: Yes No If yes, describe:

2. Feelings of Influences: Yes No If yes, describe:

3. Ideas of Reference: Yes No If yes, describe:

4. Depression: Yes No If yes, describe:

5. Obsessions/Compulsions: Yes No If yes, describe:

6. Phobic Thoughts: Yes No If yes, describe:

7. Anxieties: Yes No If yes, describe:

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THOUGHT CONTENT Continued:

8. Depersonalization/Derealization: Yes No If yes, describe:

9. Illusions: Yes No If yes, describe:

10. Hallucinations: Yes No If yes, describe: Auditory Visual Gustatory Olfactory Tactile

11. Suicidal Ideation: Yes No If yes, describe:

12. Homicidal Ideation: Yes No If yes, describe:

INTELLECTUAL FUNCTION: (ALL ITEMS IN THIS SECTION MUST BE COMPLETED)

1. ORIENTATION:

a. Person Yes No

b. Place (Specific) Full/Exact Partial Disoriented Describe: _____

c) Time (Specific):

- i. Date/Day of week: Yes No
- ii. Month: Yes No
- iii. Season of year: Yes No
- iv. Year: Yes No

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INTELLECTUAL FUNCTION Continued:

2. FUND OF KNOWLEDGE: (e.g., Current Events, Geography, Current and Past Presidents, Comparisons/Differences)

- Superior
 Above Average
 Average
 Below Average
 Poor

Describe Abnormal Findings:

3. CALCULATIONS: Serial 3s Yes No

Serial 7s Yes No

Other: _____

4. MEMORY: _____

Three object recall memory: Immediate: 0/3 1/3 2/3 3/3

3-5 minutes: 0/3 1/3 2/3 3/3

10 minutes: 0/3 1/3 2/3 3/3

Digit Span Memory (Record actual results):

Digit Span Forward:

Digit Span Backward:

6, 1, 2 _____

2, 5 _____

3, 4, 1, 7 _____

2, 7, 4 _____

6, 3, 8, 8, 4 _____

8, 4, 1, 3 _____

9, 7, 2, 4, 6, 3 _____

4, 5, 2, 9, 3 _____

Can the member name a pencil/pen and watch correctly? Yes No

Can the member repeat "No, ifs, ands, or buts" correctly? Yes No

Can the member follow a three-step command?
("Take a paper in your right hand, fold it in half and put it on the floor") Yes No

Other _____

Can the member name the current US President ? Yes No Other _____

Can the member name the prior US President? Yes No Other _____

5. INTELLIGENCE ESTIMATE: Superior Above Average Average Borderline IQ Mental Retardation

7. JUDGEMENT: Excellent Good Average Significantly Limited Poor

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MENTAL STATUS EXAMINATION Continued:

7. INSIGHT:

Insight into problem: Yes No

General Insight: Full/Complete Partial Significantly Limited Poor None

TARDIVE DYSKINESIA EXAMINATION: Negative Positive

Describe abnormal findings:

Assets (Personal and other strengths exhibited by member despite presence of any illness e.g., supportive family, sense of honor, motivation for treatment)

Describe:

DSM IV Diagnosis

| DSM IV | Diagnostic Code | Diagnosis | Date of Onset |
|----------|-----------------|-----------|---------------|
| Axis I | | | |
| Axis II | | | |
| Axis III | | | |
| Axis IV | | | |
| Axis V | GAF Score | | |

This Psychiatric and Medical History, Report of Physical Examination, and Mental Status Examination was completed by:

| |
|--|
| Psychiatrist's Name (Print) _____ |
| Psychiatrist Signature _____ |

| |
|------------|
| Date _____ |
|------------|

