

Appendix E: Community Mental Health Program Mental Health Assessment

Date of Interview: _____

Clinician: _____

Demographic Information

Name of Youth	
DOB (mm/dd/yr)	
Address/Phone #	
HC #/Expiry Date	
Community of Origin	
Cultural Background	
Spirituality/Religion	
Referral Source	

<p>Presenting Problem (reason for accessing MHC / Primary Problem)</p>	<p>History of Presenting Problems (Diagnoses and treatments by previous clinicians/physicians)</p>
<p>Hospitalizations/Crisis Supports</p>	<p>Current Medications (med, dosage, Dr.)</p>
	<p>Previous Medications</p>
<p>Medical History (significant health problems, hospitalizations, etc.)</p>	<p>Developmental History (pregnancy, post-natal, toddler behaviour, etc.)</p>

Family Constellation	Family Information (History, extended family, care, strengths, conflicts, etc.)
Family Mental Health History	Important Relationships (Friends, significant relationships, sexuality, etc.)
Current School Information	Past School Information (suspensions, bullying, friends, etc.)
Legal (Crime, Charges)	Substance Use (Current, History)
Strengths / Interests	

<p>Appearance in Interview (hygiene, clothes, motor activity, eye contact, speech, etc.)</p>	<p>Mood (emotional state, affect, changes in mood, attitude during interview, etc.)</p>
<p>Behaviours (sleeping, eating, runaway, risk)</p>	<p>Perception / Thinking (logical thought process, racing thoughts, perseverance, etc.)</p>
<p>Cognition (attention, language, memory, reasoning, etc.)</p>	<p>Suicidal Ideation / Harm to self or others (current ideation, plan, history, etc.)</p>
<p>Formulation</p> <p>GAF: _____</p>	<p>Action Plan</p> <ul style="list-style-type: none"> <input type="radio"/> 1:1 Treatment <input type="radio"/> Skills for Life with Staff <input type="radio"/> Group Programming <input type="radio"/> Psych Referral <input type="radio"/> Family Doctor Referral <input type="radio"/> Gather Collateral (PHIPA) <input type="radio"/> Complete measures <p>Other:</p>