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BIO-BEHAVIORAL MEDICAL CLINICS

Name:

Date:

NO ROI

DOB:

M F

PCP:

OK ROI

SYMPTOMS: BBMC Assessment: New Update

- | | | |
|---|---|---|
| <input type="radio"/> appetite | <input type="radio"/> sleep problems | <input checked="" type="radio"/> depression |
| <input type="radio"/> ETOH use/abuse | <input type="radio"/> sexual problems | <input type="radio"/> panic/anxiety |
| <input type="radio"/> drug use/abuse | <input type="radio"/> eating problems | <input type="radio"/> loneliness |
| <input type="radio"/> concentration | <input type="radio"/> suicide attempts | <input type="radio"/> shyness |
| <input type="radio"/> anger problems | <input type="radio"/> family problems | <input type="radio"/> lack of energy |
| <input type="radio"/> med allergies | <input type="radio"/> pornography | <input type="radio"/> crying spells |
| <input type="radio"/> www/gaming probs. | <input type="radio"/> relational probs. | <input type="radio"/> pain |
| <input type="radio"/> hx of assault/abuse | | |

Additional Assessment Areas:

- | | | |
|--|---------------------------------------|--|
| <input type="radio"/> somatic complaints | <input type="radio"/> impulsive/manic | <input type="radio"/> school problems |
| <input type="radio"/> phobias | <input type="radio"/> irritability | <input type="radio"/> bizarre behavior |

TREATMENT GOALS/CONCERNS:

1.

SUICIDE RISK: low moderate high gestures/attempts? no yes If "yes," describe:

MENTAL STATUS SUMMARY:

- | | | | | |
|---|---------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| APPEARANCE: <input type="radio"/> WNL | <input checked="" type="radio"/> neat | <input type="radio"/> unkempt | <input type="radio"/> professional | <input type="radio"/> unconventional |
| BEHAVIOR: <input checked="" type="radio"/> cooperative | <input type="radio"/> uncooperative | <input type="radio"/> indifferent | <input type="radio"/> restless | <input type="radio"/> relaxed |
| MOOD: <input type="radio"/> WNL | <input type="radio"/> depressed | <input type="radio"/> anxious | <input type="radio"/> irritable | <input type="radio"/> elevated |
| AFFECT: <input type="radio"/> WNL | <input type="radio"/> tearful | <input type="radio"/> restricted/flat | <input type="radio"/> inappropriate | <input type="radio"/> labile |
| ORIENTATION: <input checked="" type="radio"/> OK 4X | <input type="radio"/> person | <input type="radio"/> place | <input type="radio"/> time | <input type="radio"/> situation |
| SPEECH: <input checked="" type="radio"/> WNL | <input type="radio"/> slow | <input type="radio"/> pressured | <input type="radio"/> hesitant | <input type="radio"/> slurred |
| JUDGMENT: | <input type="radio"/> good | <input type="radio"/> adequate | <input type="radio"/> poor | <input type="radio"/> just awful! |
| INSIGHT: | <input type="radio"/> good | <input type="radio"/> fair | <input type="radio"/> poor | <input type="radio"/> absent |

HISTORY OF PRESENTING PROBLEM(S):

Name:

Date:

Page 2

PSYCHIATRIC HISTORY:

- inpatient outpatient psychotropics none

MEDICAL PROBLEMS: none

CURRENT MEDICATIONS: none

ETOH &/or present:

DRUG HX: past:

DIAGNOSIS (ICD-10):

1. -
2. -
3. -
4. -

INITIAL DIAGNOSTIC IMPRESSION:

TREATMENT PLAN:

- crisis intervention
- outpatient therapy at BBMC with:
 - H. Dan Smith, EdD, MFT
- CPS/APS verify report. Date:
- support group
- medication management by PCP
- continue with outpatient psychiatrist:
 - BBMC:
- inpatient treatment
- chemical dependency treatment

NOTES:

Provider
Signature:

License: MFT 17591 (form revised: 09-18-2015)

Date: