

Worker:	_____
Unit:	_____ Tel. _____
Address:	_____ _____

REPORT OF EXAMINATION

Client's Name: _____ Birthdate: _____
TYPE/PRINT (Last) (First) (Middle)

Case Name if different from above: _____

(Category & Case Number)

Name of Approved Residential Treatment Facility

CONSENT

I hereby authorize the examiner or psychiatric facility to furnish a complete report of my mental/emotional condition including substance abuse and chemical dependency information to the Department of Human Services, Benefit, Employment and Support Services Division.

(Signature of Client or Guardian)

(Date)

(Date of Application)

Reason for needing information: Initial evaluation or Re-evaluation 1. To determine extent of incapacity
2. To determine employability 3. To plan for related services 4. Other _____

THE DEPARTMENT IS REQUIRED TO RELEASE THIS REPORT TO CLIENT OR OTHER DESIGNATED AGENCY (PERSON) UPON CLIENTS WRITTEN REQUEST. THIS REPORT MAY ALSO BE RELEASED DURING DEPARTMENT'S FAIR HEARINGS PROCESS.

(Signature of Worker)

(Date)

I. EXAMINATION FINDINGS:

Pertinent History (Past and Present):

Mark an x in all the boxes that apply

A. Organic Mental Disorders:

- Disorientation to time and place Emotional lability (explosive temper outbursts, sudden crying)
- Change in personality Cognitive Disturbance(s) Disturbance in mood Impairment in impulse control
- Memory impairment, short, intermediate or long term Perceptual or thinking disturbance (hallucinations, delusions)
- Loss of at least 15 I.Q. points or overall impairment index clearly within the severely impaired range (documented by I.Q./neuropsychological testing)

B. Schizophrenic, Paranoid and Other Psychotic Disorders:

- Delusions Hallucinations Catatonic or other grossly disorganized behavior
- Loose associations Illogical thinking Poverty of content of speech
- Emotional withdrawal Isolation Disorganized Speech/Incoherence
- Blunt affect Flat affect Inappropriate affect
- Documented history of illness and signs and symptoms are currently attenuated by medications AND
- Repeated episodes of deterioration or decompensation OR
- Documented history of two or more years of inability to function outside of a highly supportive living situation

C. Affective Disorders:

- Anhedonia or pervasive loss of interest in almost all activities Recurrent thoughts of death/suicide
- Appetite disturbance with change in weight Sleep disturbance Difficulty concentrating or thinking
- Psychomotor agitation or retardation Fatigue/loss of energy Feelings of guilt or worthlessness
- Hallucinations Delusions Paranoid thinking Depressed Mood
- Hyperactivity Flight of ideas Pressured speech Inflated self-esteem/grandiosity
- Decreased need for sleep Easy distractibility High-risk activities

D. Mental Retardation and Autism:

- Dependence on others for toileting, eating, dressing, bathing and inability to follow directions to take IQ tests
- A documented and valid verbal, performance, or full scale IQ of 59 or less by WAIS
- IQ of 60 through 70 by WAIS and a physical or mental impairment that limits ability to work
- IQ of 60 through 70 by WAIS and gross deficits of social and communicative skills

E. Anxiety Related Disorders:

- Motor tension Autonomic hyperactivity Apprehensive expectation
- Vigilance and scanning Phobia(s) Recurrent severe panic attacks
- Recurrent obsessions or compulsions Recurrent intrusive recollections of a traumatic experience
- Complete inability to function independently outside the area of one's home

