

Name: Andrew W. Case# 756 Date 3/3/16

Comprehensive Intake Adult Assessment: Mental Health Services

Limits of confidentiality explained before beginning?

(x) Yes () No

Source(s) of information:

() Caregiver

() Friend

() Family

(x) Client

() Medical Record

Presenting problem (include impact on social, work, and/or academic functioning):

Client states “the only reason he has agreed to see the social worker today was because his visit with the psychiatrist required making contact with his case manager.” Client states if he “didn’t feel so depressed, then I wouldn’t be doing this. Sometimes the pain is unbearable.” In terms of social functioning, Andrew states he has “terminated his church attendance and no longer performs voluntary public speaking on HIV prevention” and states, “what’s the point in doing these things?” The client also states that he “frequent abuse of Ritalin and Ambien (three times each per week) and occasionally use of illegal street drugs, such as Ecstasy and cocaine (once a week), in combination with increased alcohol consumption (almost every day, an average of a six-pack of beer per day)”.

Current symptoms (describe symptoms, their onset, severity, frequency, and duration):

Client presents with depression based on he has stopped taking his HIV medication and states “he no longer wishes to prolong the inevitable,” this occurred two months ago after the death of a friend. Client states “thoughts of death after taking medication as it reminds him of friend’s death.” Client also states that he has “terminated his church attendance and no longer performs voluntary public speaking on HIV prevention”.

Describe any current stressors and/or precipitating events:

Client states that he has lost numerous friends to AIDS as well as his partner.

Does consumer have an ISP?

() Yes (x) No () Unknown

Is consumer in psychiatric treatment of any type?

(x) Yes () No

Describe current treatment (include type of treatment and providers, effectiveness, etc):

Client currently sees a psychiatrist once a week. Client has been seeing psychiatrist for three years and states “it doesn’t really work”. Client states that at psychiatrist office he “just talks and talks and talks”.

Does the information suggest need for a Mental Status Exam? (x) Yes () No

Past Psychiatric Treatment (complete for each hospitalization)

Provider(s): Dr. Sympal Sarah AshGrove

Type: (X) Outpatient () Hospital () Residential
Reason: (X) Voluntary () Involuntary () Revocation
() Court Ordered () Danger to self () Danger to others
() Unable to care for self () History of violence
() Other (If other, explain below)

Admission Date: June 23, 2013 **Discharge Date:** N/A

Response to previous treatment:

Client stated that psychiatric sessions “are going fine” until he was recently required to see a case manager. Client stated he “didn’t want the services to be stopped because of substance use”.

History of psychiatric symptoms experienced in the past (symptoms, onset, severity, frequency, duration):

N/A

Any history of thoughts/plans/act/ideation or intention of suicide? () Yes (X) No

If yes, describe:

Client states that he does not have a specific plan, but states he has stopped taking his HIV medication “no longer wishing to prolong the inevitable”.

Any history of thoughts/plans/act/ideation or intention of homicide? () Yes (X) No

If yes, describe:

N/A

Does the current information suggest need for a Risk Assessment? (X) Yes () No

Does the current information suggest need for Crisis Intervention Services? () Yes (X) No

Medical Information

Has the consumer taken any medication in the last two years? (x) Yes () No

Does consumer report taking any medication for any reason? (x) Yes () No

Medications (Active and Current Inactivations)

Date: December 17, 1983

Prescriber: Dr. Sympal Sarah AshGrove

Medication: Ritalin

Dosage: 20mg

Days: 30 Refills: 3

Reason for medication: ADHD

Labs ordered: N/A

Date ordered: N/A

Lab results: N/A

End date: N/A

Reason medication stopped: Client is still on medication

Date: July 5, 2004

Prescriber: Dr. White Black, M.D

Medication: Combivir

Dosage: one tablet Daily

Days: 28 Refills: 1

Reason for medication: HIV positive

Labs ordered: N/A

Date ordered: N/A

Lab results: N/A

End date: N/A

Reason medication stopped: Still taking medication

Date: March 15, 2013

Prescriber: Dr. Sympal Sarah AshGrove

Medication: Ambien

Dosage: 10mg

Days: 30 Refills: 3

Reason for medication: Inability to sleep at night

Labs ordered: N/A

Date ordered: N/A

Lab results: N/A

End date: N/A

Reason medication stopped: Client is still taking.

Date: March 15, 2013

Prescriber: Dr. Sympal Sarah AshGrove

Medication: Zoloff

Dosage: 50 mg

Days: 30 Refills: 3

Reason for medication: Client has been diagnosed with major depressive disorder.

Labs ordered: N/A

Date ordered: N/A

Lab results: N/A

End date: N/A

Reason medication stopped: client is still taking medication

(Repeat for each medication)

Other medications not included above, including OTC medication: N/A

Medical History:

- | | |
|--|--|
| <input type="checkbox"/> serious accidents | <input type="checkbox"/> Neurological problems |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Communicable disease | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Phys activity restricted d/t health problems |
| <input type="checkbox"/> Coronary heart disease | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Any difficulties in sexual functioning |
| <input type="checkbox"/> Been diagnosed with failure to thrive | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Hearing problems | <input checked="" type="checkbox"/> Any difficulty with sleep |
| <input type="checkbox"/> Been hospitalized | <input checked="" type="checkbox"/> Had a sexually transmitted disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Had unusual gains or losses of weight |

Date of last menstrual period if applicable: N/A

Number of pregnancies: N/A

Number of live births: N/A

Birth control method: N/A

Explain any of the above:

Client is taking Ambien for inability to sleep.

Client has retinal detachment resulting in client being legally blind.

Client is HIV positive.

Any allergies or special precautions (including medication allergies)? () Yes (X) No

If yes, list allergies and special precautions:

N/A

Does consumer have any special nursing/medical needs? () Yes (X) No

If yes, specify:

N/A

Name of personal physician: Dr. White Black Phone Number: 207-431-2876

Treating facility: Maine Darmouth

What is consumer's current medical status? () Good (X) Fair () Poor

Describe current medical status:

Client has been HIV positive for 12 years has stopped taking medication. Has been diagnosed with major depressive disorder and is taking Zoloft was diagnosed as a child with ADHD and is taking prescribed Ritalin. He experiences inability to sleep and is taking Ambien.

Substance Use

Does consumer have any history of substance abuse? () Yes (X) No

Substance: (check each that apply)

(X) Alcohol

() Other Sedatives or Hypnotics

() Amphetamines

() Over the Counter

() Barbiturates

() PCP

(X) Cocaine

() Tranquilizers

() Crack Cocaine

() Other

(X) Hallucinogens

For each substance checked:

() Heroin

Priority Rank: First- Alcohol

() Inhalants

Last used: Last night 3/2/16

() Marijuana

How much used last time: 6 pack daily

() Hashish

Route of ingestion: oral

() Non-Prescription Methadone

Onset age: 21

() Other Opiates & Synthetics

Frequency (within last year) Daily

Priority Rank: Second- Ecstasy

Last Used: Two Days ago 2/19/16

How much used last time: 4 pills

Route of ingestion: oral

Onset age: 24

Frequency: weekly

Priority Rank: Third - Cocaine

Last Used: Yesterday 3/1/16

How much used last time: N/A

Route of ingestion: Nasal

Onset Age: 27

Frequency: weekly

Last period of abstinence? N/A

Longest period of abstinence? N/A

Does above information suggest need for further assessment regarding SA or dependency?

(X) Yes () No

Other Addictions

Any history of **gambling**?

() Yes (X) No

If yes, describe:

N/A

Indication of a possible gambling problem?

() Yes (X) No

Any history of **sexual acting out** (pornography, sex crimes, etc.)?

() Yes (X) No

If yes, describe:

N/A

Indication of a possible sex addiction? () Yes (X) No

Any history of overeating, restricting, or purging food? () Yes (X) No

If yes, describe:

N/A

Indication of a possible eating disorder? () Yes (X) No

If yes, describe:

N/A

Military History

Has consumer ever served in the military? () Yes (X) No

What branch? () Army () Navy () Marines () Air Force () Coast Guard () Other

Type of discharge: () Honorable () Dishonorable () General () Other

Comments on the experience, any trauma, et cetera:

N/A

Traumatic Events:

Current or past experience of being abused or neglected:

() Physical abuse () Sexual abuse () Emotional abuse

() Neglect () Verbal abuse (X) None

() Family violence

Describe the above, or any other traumatic experience:

N/A

Current information suggests need for further trauma assessment? () Yes (X) No

Family of Origin

Describe family constellation (primary caregivers, siblings, birth order)

Client states he was raised by his mother and is the oldest of two children. He has a younger brother. Client states that his father left the family when he was nine.

Describe childhood and adolescence (atmosphere, locations, and significant events)

Client states that his “mother was an active alcoholic and father left when he was nine.” Also, states that his mother “married five more times and is currently single.” Client lived with mother during childhood and his younger brother.

Significant issues from childhood impacting current presenting problem? () Yes (x) No

Describe how:

There are no known issues from childhood impacting his current presenting problem at this time.

Describe which family members are living, where, contact, and relationships:

Client states his “father is presumably alive but abandoned the family when he was nine.” According to client, there is no contact between them. Client states he has a “younger brother and mother who are still alive but live in another state.” Client speaks to his mother weekly by phone, yet no visits in 2 years. Client describes mother as “active alcoholic.”

Family history of mental illness

- | | |
|---------------------|----------------|
| () father’s family | () child(ren) |
| () father | () sibling(s) |
| () mother’s family | () spouse |
| () mother | (x) other |

If listed above, describe illness (give diagnosis of known)

No known family history of mental illness.

Family history of substance abuse

- | | |
|---------------------|----------------|
| () father’s family | () child(ren) |
| () father | () sibling(s) |
| () mother’s family | () spouse |
| (x) mother | () other |

Explain any areas listed above:

Client states that “mother is an active alcoholic.” No details beyond that.

Family history of criminal activity

- | | |
|--|--|
| <input type="checkbox"/> father's family | <input type="checkbox"/> child(ren) |
| <input type="checkbox"/> father | <input checked="" type="checkbox"/> sibling(s) |
| <input type="checkbox"/> mother's family | <input type="checkbox"/> spouse |
| <input type="checkbox"/> mother | <input type="checkbox"/> other |

Explain any areas listed above:

Client states that his younger brother "is currently incarcerated on drug charges."

Family history of violent behavior

- | | |
|--|---|
| <input type="checkbox"/> father's family | <input type="checkbox"/> child(ren) |
| <input type="checkbox"/> father | <input type="checkbox"/> sibling(s) |
| <input type="checkbox"/> mother's family | <input type="checkbox"/> spouse |
| <input type="checkbox"/> mother | <input checked="" type="checkbox"/> other |

Explain any areas listed above:

Client reports no family history of violent behavior.

History of medical problems:

- | | |
|--|---|
| <input type="checkbox"/> serious accidents | <input type="checkbox"/> Neurological problems |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Communicable disease | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Phys activity restricted d/t health problems |
| <input type="checkbox"/> Coronary heart disease | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Any difficulties in sexual functioning |
| <input type="checkbox"/> Been diagnosed with failure to thrive | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Any difficulty with sleep |
| <input type="checkbox"/> Been hospitalized | <input type="checkbox"/> Had a sexually transmitted disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Tuberculosis |

☐ Liver Disease

☐ Had unusual gains or losses of weight

Explain any areas listed above:

There is no family medical history provided.

Intimate Relationships and Current Living Situation

Current marital status:

☐ Divorced

☐ Separated

☐ Domestic partner

☐ Unknown

☐ Married ☐ Number of times married ☐ Widowed/Widower

☒ Never married/single

If married (or in a significant relationship) more than once, explain reasons for each divorce/separation:

N/A

Describe relationship with current partner:

Client states he is currently single.

Any sexual issues of concern:

Client states he is actively searching for a partner and has “frequented clubs known for sex parties” bringing in the issue of being HIV positive and the question of if safe sex is being practiced.

Current living arrangement

☐ adult correctional ☐ boarding home ☐ drug/alcohol rehab center ☐ emergency shelter

☐ foster home ☐ group home/residential treatment ☐ homeless ☐ ICF/MR ☐ ICF/ MR
Nursing home

☒ living alone ☐ living with caregiver ☐ living with family ☐ living with others ☐ medical
hospital

() nursing home () other institution () other residential () psychiatric inpatient () school dormitory

() supported independent living () youth corrections () other

Number of persons other than the consumer living in home: 0

Consumer currently lives with:

Client states he lives by himself.

Living environment/ condition of home:

Client states he lives in “a studio apartment in a working-class neighborhood.”

How many times has the consumer moved in the last two years? 0

Current home atmosphere:

- | | |
|-------------------|------------------|
| () abusive | () loving |
| () chaotic | (x) supportive |
| (x) comfortable | () other |

Describe current living arrangement:

Client states he lives in a studio apartment in a working class neighborhood. Client lists the other residents of the apartment building as “his support system.”

Is consumer satisfied with his/her current living situation? (x) Yes () No

Does the consumer have children? () Yes (x) No

If yes, give ages, where children live, and describe relationship with children:

N/A

Overall quality of interpersonal relationships (length, amount of difficulty forming and maintaining):

Client states that his “support system includes other residents of his apartment building” indicating his ability to make friends in his environment as well as “two friends that visit regularly” which he indicates are long time friends.

Cultural and Spiritual Considerations

Does consumer identify with a particular group? () Yes (x) No

If so, describe group:

N/A

Describe religious or spiritual beliefs and/or practices:

Client alludes to religious practices but has expressed that he has “disconnected himself from the church.”

Are cultural and/or spiritual beliefs likely to impact treatment? () Yes (x) No

If yes, explain:

N/A

Educational and Developmental Information

Is consumer currently in school/college/training program? () Yes (x) No

Name of school/college/training program: N/A

Location of school (city): N/A

Last grade completed: N/A

Was the consumer in special education classes? () Yes (X) No

Describe school functioning: N/A

Can consumer read and write? (x) Yes () No

Does the consumer have a history of developmental delays? () Yes (x) No

If yes, specify:

N/A

Vocational Information

Current employment status:

() Employed Full-Time () Full-Time Student (x) Unemployed-not seeking

() Employed Part-Time () Part-Time Student () Unemployed- seeking

How long at current job? N/A

Is consumer satisfied with current job? N/A

Has consumer experienced difficulty performing work or work-like activity? (x) Yes () No

Has the consumer's employment been impacted by current psychiatric illness? () Yes (x) No

If yes, explain: N/A

Describe the severity/frequency of work problems of any kind:

Client states that his physical disability of retinal detachment has prevented him from working, which of now he receives full social security benefits.

Has the consumer experienced frequent job changes? () Yes (x) No

If yes, explain: N/A

Job activity (begin-end dates, employers, duties performed, etc.):

Client states he is currently unemployed and is not seeking employment.

Financial Status

Source of income or support received during past 12 months:

Client states he "receives full disability benefits from Social Security Administration."

Does consumer have financial problems? () Yes (x) No

If yes, explain: N/A

Legal History

Present Legal Involvement:

- | | |
|---|--|
| <input type="checkbox"/> Adjudicated | <input type="checkbox"/> In Juvenile Detention |
| <input type="checkbox"/> On Appeal | <input checked="" type="checkbox"/> No Legal Involvement |
| <input type="checkbox"/> Arrested | <input type="checkbox"/> On Parole |
| <input type="checkbox"/> Awaiting trial | <input type="checkbox"/> Pre-Trial Diversion |
| <input type="checkbox"/> Awaiting Sentencing | <input type="checkbox"/> In Prison |
| <input type="checkbox"/> Ordered to Community Service | <input type="checkbox"/> On Probation |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Referred to Juvenile Court |
| <input type="checkbox"/> In Jail | |

Past Legal Involvement:

- | | |
|---|--|
| <input type="checkbox"/> Adjudicated | <input type="checkbox"/> In Juvenile Detention |
| <input type="checkbox"/> On Appeal | <input checked="" type="checkbox"/> No Legal Involvement |
| <input type="checkbox"/> Arrested | <input type="checkbox"/> On Parole |
| <input type="checkbox"/> Awaiting trial | <input type="checkbox"/> Pre-Trial Diversion |
| <input type="checkbox"/> Awaiting Sentencing | <input type="checkbox"/> In Prison |
| <input type="checkbox"/> Ordered to Community Service | <input type="checkbox"/> On Probation |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Referred to Juvenile Court |
| <input type="checkbox"/> In Jail | |

Reason for incarceration, when and how long? N/A

Is consumer presently awaiting charges, trial or sentencing? ☐ Yes ☒ No

If yes, explain: N/A

Last arrested for(offence): N/A Date: N/A

Is consumer on probation? ? ☐ Yes ☒ No

Final Treatment Considerations

Estimate (based on above information) consumer's premorbid/baseline level of functioning:

Before client has expressed he is depressed, he states he was "involved in church activities and speaking about HIV prevention for the health clinic."

Consumer Strengths

What strengths does consumer bring to treatment?

- | | |
|---|--|
| <input type="checkbox"/> Religious Affiliation/Support Network | <input type="checkbox"/> Nurturance and Enjoyment of Pets |
| <input checked="" type="checkbox"/> Ability to Care for Self/Others | <input type="checkbox"/> Enjoyment of Reading |
| <input type="checkbox"/> History of Community Involvement | <input checked="" type="checkbox"/> Ability to form and maintain relationships |
| <input type="checkbox"/> Family Support and Involvement | <input type="checkbox"/> Technical/Vocational Skills |
| <input type="checkbox"/> Interest in Hobbies | <input type="checkbox"/> Interest in Sports/Exercise |
| <input checked="" type="checkbox"/> Capable of Independent Living | <input type="checkbox"/> Good Verbal/Intellectual Skills |
| <input type="checkbox"/> Insight into problem(s) | <input type="checkbox"/> Stable Work History |
| <input type="checkbox"/> Motivated for Treatment | |

Describe any leisure activities or hobbies:

Client states that in the past he has been "involved in church activities and speaking about HIV prevention in a clinic."

Support Systems

- | | |
|--|--|
| <input type="checkbox"/> Intimate Partner | <input type="checkbox"/> Participation in Organized Sports |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Involvement in School Activities |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Spouse Support/Involvement |
| <input type="checkbox"/> Currently Employed | <input type="checkbox"/> 12- Step Program |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Other |

☒ Support of Friends

Describe:

Client states his "support system is comprised of other residents of apartment building and two friends that live locally."

Case Formulation

Describe complete picture of consumer, how/why did illness develop, suggested treatment approach, rationale):

Client is a 40 year old caucasian homosexual male who has been diagnosed with HIV for 12 years. In addition, client is legally blind resulting from a retinal detachment 16 years ago. Client is currently unemployed, receiving full disability benefits from Social Security which is his only source of income. Client resides in a working class neighborhood, in a studio apartment. Client's support system includes other residents of the apartment, as well as two long time friends who visit regularly. Client has a younger brother who is currently incarcerated on drug charges, a mother who he calls weekly but has not had a visit with in 2 years. Client describes mother as an "active alcoholic." Client states his father left the family when he was 9 years old. Client presents with problems of depression as evidenced by his sleep disturbance and loss of interest in social outings. Client states he has stopped going to church and speaking about HIV prevention at the health clinic. Client states that he has lost several friends, including his partner of 10 years to AIDS. Client expresses thoughts of potential suicide as he states he has stopped taking his HIV medication because "why prolong the inevitable?" In addition, client states that he drinks a 6 pack of beer daily, illegal street drugs, and abuse of Ambien and Ritalin. Client understands the problem as evidenced by the statement, "if I didn't feel so depressed, I wouldn't be doing this."

Suggested treatment for client is connecting to counseling, involvement in social organizations, and gaining better education about medications. Priority one is counseling, which would focus on clients issues of grief surrounding close friends and to better understand HIV diagnosis. Client will receive a one hour session with a counselor once a week. Priority two is connecting client to community involvement. This would involve potentially client actively attending church and church activities again. In addition, connecting client to other options of social outings such as returning to public speaking or joining HIV support groups. Since symptoms arose, client has removed himself from social groups that he previously enjoyed. This would allow him to reconnect and gain added sense of support. Priority three will be connecting client to resources that are available in the health clinic that he already attends on a regular basis for added education regarding his HIV diagnosis and medications. This is in efforts to reintroduce client to his needed medications. Client has stopped taking his HIV medications and may not fully understand the significance they have towards his health. This education should be on ongoing basis with his nurses when he attends the health clinic for appointments.

All treatments will be reviewed after 90 days.

Discharge criteria:

Client will be discharged upon the conditions of establishing connections with at least 2 social organizations which may include church groups, peer support groups, or public speaking functions. In additions, client should be back on his HIV medications after sessions of education regarding his diagnosis at the health clinic. Client will be discharged separately from his counselor, but should be meeting once weekly. The treatment plan will be reviewed after 90 days for changes and evaluation.

Family and/or guardian input/perceptions:

N/A

Recommendation presented to consumer and consumer's response:

Client was presented with all 3 goals of the treatment plan and options regarding each goal. Client understands each goal and is willing to pursue each one.

What are the consumer's preferences for treatment?

Client states that he has no desire to work on relationship with immediate family and would like to use his time with counselor to focus on his issues of depression and grief.

What identified needs/issues will not be added to the plan at this time?

N/A

Additional Assessments/Information needed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Physical exam with labs | <input type="checkbox"/> Hearing test | <input checked="" type="checkbox"/> Mental Status |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Vision test | <input checked="" type="checkbox"/> LOCUS |
| <input type="checkbox"/> Nutritional evaluation | <input type="checkbox"/> Dental exam | <input checked="" type="checkbox"/> Addiction Assessment |
| <input type="checkbox"/> Consult with a spiritual advisor | <input type="checkbox"/> Copies of school records | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vocational testing | <input type="checkbox"/> Neuropsych consult | |

The information in this assessment is complete and finished: () Yes (x) No (If no, when will it be complete):

This assessment will be complete when LOCUS and addiction assessment are taken.

Signature of provider completing form:

Name Rylee Litalien MHRT/C Olivia Brown MHRT/C **Date** 3/03/16 **Time** 12:52pm

Signature of Supervisor:

Name: _____ **Date:** _____ **Time:** _____
