N.J. DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
PSYCHIATRIC HOSPITAL

INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT/STABILIZATION PLAN

Source of Information: ❒ Patient ❒ Family ❒ Significant Other ❒ Records

Language Line utilized to complete the Screening: ❒ (Check if applicable)

If checked, Name of Language Line Interpreter: _____

1. Admission Status (Legal Category):
   ❒ Involuntary ❒ Voluntary ❒ CEPP ❒ CEPP/CR ❒ IST Evaluation
   ❒ IST ❒ Krol ❒ Megan's Law
   ❒ Other: _____

2. Does the patient have a Mental Health Advance Directive?: ❒ Yes ❒ No ❒ Unable to answer
   Is a physical copy of the Mental Health Advance Directive filed in chart?: ❒ Yes ❒ No

3. Chief Complaint: _____

4. Current History and Assessment (Include onset of symptoms and circumstances leading to admission, assessment of data/ symptom): _____

5. Past Psychiatric History/Current Treatment: _____

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6. **Suicide/Self Injurious/Foreign Body Ingestion/Risk and Protective Factors**

Instructions: Check all that apply. Modified COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Screen Version – Recent (S1)			
Suicidal Ideation – Ask Questions 1 and 2.	**Past 1 Month**	**Past 6 Months**	**None Reported**
1. Wish to be dead			
2. Suicidal thoughts			
If YES to 2, ask question 3, 4, 5 and 6. If NO, go directly to question 6.			
3. Suicidal thoughts with method (but without specific plan or intent to act)			
4. Suicidal ideation with some intent but without specific plan			
5. Suicidal ideation with specific plan and intent			

Suicide Behavior

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?
   ❒ Yes ❒ No
   If YES, ask: How long ago did you do any of these?
   ❒Over a year ago, ❒ Between three months and a year ago, ❒Within the last three months

Self-injurious behavior and foreign body ingestion	**Past 1 Month**	**Past 6 Months**	**None Reported**
7. Self-injurious behavior **without** suicidal intent			
8. Foreign body ingestion			

Describe any suicidal, self-injurious or aggressive behavior (include dates)

Modified COLUMBIA-SUICIDE SEVERITY RATING SCALE – Risk Assessment

Activating Events/Risk Factors Check all that apply or: ☐ **None**

☐ Recent Loss(es) or other significant negative events (legal, financial, relationship, etc.)	☐ Mixed affective (Bipolar)	☐ Substance abuse/dependence	☐ Chronic physical pain or other acute medical problem
☐ Social isolation/feeling alone	☐ Major depressive episode	☐ Agitation or severe anxiety	☐ Pending incarceration
☐ Hopelessness	☐ Highly impulsive behavior	☐ Perceived burden on family or others	☐ Family history of suicide (lifetime)
	☐ Command hallucinations to hurt self	☐ Sexual abuse (lifetime)	

☐ Other: _____

Protective Factors (Recent) Check all that apply:

☐ Identifies reason for living	☐ Engage in work, school or hobby
☐ Responsibility to family or others; living with family	☐ Fear of death or dying
☐ Supportive social network	☐ Belief that suicide is immoral; high spirituality
☐ Other	

Treatment History (Check all that apply)

☐ Previous psychiatric diagnoses and treatments	☐ Non-compliant with treatment	
☐ Hopeless or dissatisfied with treatment	☐ No prior treatment	☐ Refused or unable to develop a safety plan

Estimated Risk Status

Acute: ❑ Low Risk ❑ Moderate Risk ❑ High Risk

Description and Explanation of Risk

Referred to Psychologist for full C-SSRS Suicide Risk Assessment

❑ Yes ❑ No

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7. Trauma History Describe, if known, specific trauma (Nature, date, details and subjective symptoms surrounding event):

- Patient reports history of traumatic psychological (combat, physical/sexual assault) ❒ Yes ❒ No ❒ Incomplete event information
- Reported intrusive thoughts or nightmares surrounding event ❒ Yes ❒ No ❒ Incomplete event information
- Reports avoidant behaviors to minimize memory of event ❒ Yes ❒ No ❒ Incomplete event information
- Reports being hyper vigilant and perpetually on alert for potential harm ❒ Yes ❒ No ❒ Incomplete event information
- Expresses feelings of numbness, detached from others ❒ Yes ❒ No ❒ Incomplete event information
- Reports that these dangerous or life threatening experiences are still occurring in their life ❒ Yes ❒ No ❒ Incomplete event information
- There is history of significant physical, emotional abuse, neglect or sexual abuse as a child or adult that places this patient at increased risk if placed in restraint ❒ Yes ❒ No ❒ Incomplete event information

Additional Comments: _____

8. Medical History/Surgical History: _____

9. Allergies/Adverse Drug Reaction (Include Food and Drug Allergies): _____

10. Social and Family History: _____

11. Substance Abuse: Has patient used in the past 12 months: ❒ No ❒ Yes

Substance of Abuse	Quantity / Frequency / Route / Last Use
Opiates/ Opioids/ Synthetic Opiates	
Amphetamines	
Cocaine	
Cannabis/Marijuana	
Synthetic Cannabis	

Hallucinogens/Synthetic Hallucinogens	
Dissociative Anesthetics	
Sedatives/Tranquilizers/Hypnotics	
Anabolic Steroids	
Caffeine	
Inhalants/Huffing	
Alcohol	
Over the Counter	
Methylamphetamine	
Synthetic Cathinone	
Other:	

Additional Comments:_____

_____

12. **Alcohol Screening** (Circle answer & score): Each answer has 5 choices and points are allotted as follows:

a = 0 points (pts.) b = 1 pts. c = 2 pts. d = 3 pts. e = 4 pts.

- How often have you had a drink containing alcohol in the past year? (If a. is circled, proceed to score and enter 0)

a. Never	b. Monthly or less	c. 2-4 per month	d. 2-3 per week	e. 4 or more per week
(0 pts.)	(1 pts.)	(2 pts.)	(3 pts.)	(4 pts.)

- How many standard drinks containing alcohol do you have on a typical day in the past year?

a. 1 or 2	b. 3 or 4	c. 5 or 6	d. 7 to 9	e. 10 or more
(0 pts.)	(1 pts.)	(2 pts.)	(3 pts.)	(4 pts.)

- How often do you have six or more drinks on one occasion in the past year?

a. Never	b. Less than monthly	c. Monthly	d. Weekly	e. Daily or almost daily
(0 pts.)	(1 pts.)	(2 pts.)	(3 pts.)	(4 pts.)

Score:_____

Scoring:
Men: A score of 4 or more is considered positive, optimal for identify hazardous drinking or active alcohol use disorders.
Women: A score of 3 or more is considered positive, optimal for identify hazardous drinking or active alcohol use disorders.

13. **Tobacco Use Screening:**

A. Tobacco Use/Smoking History: ❒ Non User/ Smoker ❒ Former Use/ Smoker ❒ Current User/Smoker

B. Have you used a tobacco in the last 30 days: ❒ Yes (Answer C. through F.) ❒ No

C. Tobacco Products used:

❒ Cigarettes ❒ Dry Snuff ❒ Moist Snuff ❒ Chewing/Plug/Twist Tobacco

❒ Smokeless Tobacco ❒ Snus(moist powder tobacco) ❒ Other:_____

D. Volume:

❒ Heavy smoker: Patient has smoked **5 or more** cigarettes per day and/or cigars daily and/or pipes daily during the past 30 days.

❒ Light smoker: Patient has smoked **4 or less** cigarettes per day and/or used smokeless tobacco and/or smoked cigarettes but not daily and/or used cigars but not daily and/or pipes but not daily during the past 30 days.

E. Face-to-face, practical, tobacco use counseling provided: ❒ Yes ❒ No ❒ Refused

F. Patient consented to treatment and FDA-approved tobacco cessation medication ordered: ❒ Yes ❒ No

If No, why not: ❒ Refused ❒ Allergy to Nicotine Replacement Therapies

❒ Pregnant ❒ Patient only uses smokeless tobacco ❒ Drug Interaction

❒ Patient has been at a non-smoking setting for the previous 30 days

14. **Legal History** (Include dates of incarceration, if any, and implications for treatment, as applicable):_____

_____

_____

_____

15. **Violence Risk Assessment**

• Previous violence (verbal/physical)	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Current violence (verbal/physical) in the past 6 months	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Previous substance abuse	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Current substance abuse	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Previous major mental illness	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Current major mental illness	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Personality disorder	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Shows lack of insight into illness and/or behavior	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Expresses suspicion/paranoia	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Does patient have present or past history of sexual aggression	❒ No	❒ Maybe /moderate	❒ Yes	❒ Unable to obtain
• Does the patient have a history of significant damage to property and/or arson	❒ No	❒ Maybe /moderate	❒ Yes	❒ Unable to obtain
• Does patient pose a threat to a specific individual	❒ No	❒ Maybe /moderate	❒ Yes	❒ Unable to obtain

If Yes, state name and relationship:_____

16. **Mental Status** (Check all application areas):

Appearance

❑ Healthy ❑ Well groomed ❑ Relaxed ❑ Gesturing (odd) ❑ Sickly
❑ Unkempt ❑ Tense ❑ Tics ❑ Other_____

Behavior

❑ Appropriate ❑ Cooperative ❑ Combative ❑ Hyperactive ❑ Apathetic
❑ Hostile ❑ Uncooperative ❑ Guarded ❑ Slowed ❑ Paranoid
❑ Other_____

Speech

❑ Soft ❑ Slurred ❑ Dysarthric ❑ Slow ❑ Stutter
❑ Loud ❑ Spontaneous ❑ Mumbled ❑ Pressured ❑ Monotonous
❑ Other_____

Mood

❑ Euthymic ❑ Euphoric/manic ❑ Empty/nihilistic ❑ Self contemptuous ❑ Terrified
❑ Depressed ❑ Irritable ❑ Expansive ❑ Guilty ❑ Angry

❑ Anxious ❑ Other:_____

Affect
❑ Appropriate ❑ Mood congruent ❑ Constricted ❑ Flattened ❑ Inappropriate
❑ Mood incongruent ❑ Labile ❑ Blunted ❑ Other_____

Perceptional
❑ None ❑ Hallucinations: ❑ Auditory ❑ Visual
❑ Other:_____

Thought Process
❑ Goal directed ❑ Coherent ❑ Perseverative ❑ Blocking ❑ Confabulation
❑ Distractibility ❑ Incoherent ❑ Flight of ideas ❑ Tangential ❑ Loose association
❑ Circumstantial ❑ Other:_____

Thought Content

Homicidal Ideation	❑ Yes ❑ No	Suicidal Ideation	❑ Yes ❑ No	Delusions	❑ Yes ❑ No
Self harm	❑ Yes ❑ No	Harm to others (Assault)	❑ Yes ❑ No	Ideas of Reference	❑ Yes ❑ No

Other:_____

Insight into illness:_____

Judgment (Evidenced by, i.e., plans for the future. Describe patient's words and behavior):_____

Cognitive
Registration (Ask the patient to repeat 3 words):_____

Attention/Concentration (Ask the patient to spell a 5 letter word backwards):_____

Orientation (Person, place time):_____

Memory (Recent/Remote):

Immediate Recall:

Abstract reasoning (Give the patient a proverb and ask him/her what it means; give the patient verbal similarities and difference and ask him/her to explain:_____

Cognitively Impaired: ❑ Yes ❑ No

If Yes, will patient be cognitively impaired for at least 3 days: ❑ Yes ❑ No

17. Admitting Diagnoses:

Psychiatric:_____

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Medical:_____

_____

_____

18. Summary or Assessment:_____

_____

_____

_____

_____

_____

_____

19. Initial Psychiatric Treatment/Stabilization Plan:

• Assets/Patient Strengths:	
❒ Supports:_____	❒ Family/relationships:_____
❒ Interests:_____	❒ Spiritual/religion:_____
❒ Talent/Skill sets:_____	❒ Employment status:_____
❒ Personal experiences:_____	❒ Other:_____
❒ Education:_____	❒ Other:_____

• Anticipated Discharge Plan:	
SERVICES	PLACEMENT
❒ Outpatient Mental Health Treatment	❒ Home/Family ❒ Supportive housing
❒ PACT	❒ Group home ❒ Boarding home/RHCF
❒ Substance Abuse Treatment	❒ Nursing home
❒ Other:_____	❒ Other:_____

• Initial Justification for Hospitalization/Problems/Plan of Care:

Problem(s) Related to Safety:

❒ Unable to care for self, as evidenced by:_____

❒ Danger to self, as evidenced by:_____

❒ Danger to others, as evidenced by:_____

❒ Danger to property, as evidenced by:_____

❒ Other, as evidenced by:_____

Long Term Goal: ❒ Patient will remain free of injury to self, others, property during hospitalization.

❒ Other:_____

Short Term Objective:❒ Patient will remain free of injury to self, others, property for the next 7 days.

❒ Other:_____

Intervention: ☒ Patient observation via: ☒ Every 15 minute safety check

❒ 1:1 observation

❒ Fall Risk

❒ Assess safety risk daily

❒ Refer for psychological risk assessment

❒ Other:_____

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Problem(s) Related to Stabilization

❒ Psychosis, as evidenced by: ❒ Hallucinations, specify:_____
❒ Delusions, specify:_____
❒ Other:_____

❒ Mood Disturbance, as evidenced by:_____

❒ Substance Abuse, as evidenced by:_____

❒ Other:_____, as evidenced by:_____

Long Term Goal: ❒ Patient will demonstrate a reduction of psychiatric symptomology, _____(Specify) prior to discharge.
❒ Allow for placement in a less restrictive environment.
❒ Other:_____

Short Term Objective:❒ Patient will identify target symptoms contributing to hospitalization within 7 days.
❒ Patient will provide at least one benefit of medication/treatment within 7 days.
❒ Other:_____

Interventions: ❒ Medication Management with _____
for _____(Indication)
❒ Medication Management with _____
for _____(Indication)
❒ Medication Management with _____
for _____(Indication)
❒ Medication Management with _____
for _____(Indication)
❒ Refer for drug use brief intervention
❒ Refer for alcohol use brief intervention
❒ Refer for psychology assessment
❒ Other:_____

Problem(s) Related to Engagement

❒ Supports are insufficient to maintain safety and psychiatric stabilization in less restrictive environment, as evidenced by:_____
_____

❒ Other, as evidenced by:_____

Long Term Goal: ❒ Patient will utilize resources and supports to maintain their own safety and psychiatric stabilization prior to discharge.
❒ Other:_____

Short Term Objective:❒ Patient will successfully transition to therapeutic milieu/active treatment as demonstrated by appropriate social interactions, self-care medication adherence, participation in discipline specific assessments and review of recommended treatment mall programming within 7 days.
❒ Other:_____

Interventions: ☒ Staff will provide the patient unit specific orientation to the therapeutic milieu.
☒ Treatment Team will collaborate with patient to identify initial Treatment Mall programs with a focus towards engagement.
☒ Social Service, Rehabilitation and other referred disciplines will complete assessments prior to day 7.
❒ Other:_____

Psychiatrist's Printed Name:_____Signature:_____

Date:____/____/____ Time:____:____a.m./p.m.