**PSYCHIATRIC & FUNCTIONAL ASSESSMENT**
**MANAGED DISABILITY PROGRAM**
Please phone & fax your assessment within 24 hrs
Tel 800.817.5042      Fax 866.895.1454

**PRECIPITATING EVENT (Why Is Client Requesting Time Off Work At This Time?)**


**CLINICAL PRESENTATION (In the CLIENT’S OPINION, What Psychiatrically/Psychologically Prohibits Her/Him From Working At This Time?)**


**Assessor Observations:**
- On time for session
- Drove self to session
- Driven to interview by __________
- Cooperative in session
- Participated in session alone
- Participated in session with __________

**CURRENT PSYCHIATRIC SYMPTOMS (List ONLY Symptoms That Are CURRENTLY Present)**

<table>
<thead>
<tr>
<th>Reported by Client</th>
<th>Observed in Interview</th>
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<tbody>
<tr>
<td></td>
<td>Mild</td>
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<tr>
<td>Mood/Affect</td>
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<tr>
<td>Thought Process</td>
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<tr>
<td>Behavior</td>
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**MENTAL STATUS**

<table>
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<tr>
<th>Orientation</th>
<th>Yes</th>
<th>No</th>
<th>Cognition</th>
<th>Yes</th>
<th>No</th>
<th>If “No,” then list details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert?</td>
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<td>Formal Thought Intact?</td>
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<tr>
<td>Person?</td>
<td></td>
<td></td>
<td>Speech/Language Intact?</td>
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<tr>
<td>Place?</td>
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<td>General Knowledge Intact?</td>
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</tbody>
</table>
### Time?
- Simple Calculations Intact?
- Serial Sevens Intact?

### MENTAL STATUS—Continued
**Appearance**
- Well kempt & groomed
- Adequate
- Disheveled

**Appropriate Eye Contact?**
- Yes
- No

**Other Mental Status Problems**

**Overall Mental Status**
- WNL
- Mildly Impaired
- Moderately Impaired
- Severely Impaired

### CURRENT RISK FACTORS
**Suicidality**
- None
- Ideation
- Plan
- Intent
- Means
- Gesture

**Homicidality**
- None
- Ideation
- Plan
- Intent
- Means
- Gesture

**Impulse Control**
- Sufficient
- Moderate
- Minimal
- Inconsistent
- Explosive

If risk exists, did client contract not to harm self?
- Yes
- No

Contract not to harm others?
- Yes
- No

### Details of Risk:
- Abuse (Physical or Sexual) and/or Neglect
  - Yes
  - No

If “Yes”, client is:
- Victim
- Perpetrator
- Both
- Neither, but abuse exists in client’s current living situation

Abuse or neglect involves a child or elder?
- Yes
- No

Legally Reported?
- Yes
- No

### Substance Abuse/Chemical Dependency (Specify Substance, Quantity, Frequency, Date Last Used, Abuse/Dependence/In Remission, Family History)
- Client denies substance abuse/chemical dependency issues

### CAGE-AID
**Score (1 to 4):** ___________ (Scoring the CAGE-AID: Score 1 point for each positive response. A score of 2 or greater indicates the need for further evaluation.)

- Time period of current abstinence: None
- Other (specify): ___________

Current withdrawal symptoms/blackouts/DTs?
- Yes
- No

If “Yes,” specify:

Substance abuse related problems?
- Occupational
- Family/Home
- Educational
- Financial
- Legal

### PAST PSYCHIATRIC TREATMENT

### CURRENT PSYCHIATRIC MEDICATIONS (Names, Dosages, and Dates Initially Prescribed)
- None

Prescribed by:

- Psychiatrist
- Other: ___________

Does client comply with psychiatric medication regimen?
- Yes
- No

### MEDICAL HISTORY (Condition, Year Diagnosed, Medications, Name of Medications Prescriber)
- None

### HOME FUNCTIONING

Marital Status: ___________

Currently Living:
- Alone
- With Family/Others (specify): ___________

Social supports available?
- Yes
- No

If Yes, who?

Sleep:
- Adequate
- Disturbed (describe): ___________
Appetite: □ Adequate □ Disturbed (describe):

How are the client’s days structured while s/he is off work (e.g., activities, household chores, daily tasks, self-care)?

OTHER STRESSORS THAT MIGHT EXACERBATE CLIENT’S DIFFICULTIES IN WORKING (Check all that apply)

☐ Disabled Family Members ☐ Educational Problem ☐ Environmental
☐ Family Illness ☐ Financial Problems ☐ Health Care ☐ Housing
☐ Legal Problems ☐ Marital/Relationship Problems ☐ Social

DIAGNOSES (Include DSM-IV-TR Five-Digit Alphanumeric Diagnostic Codes; List ALL FIVE Axes)

Axis I: 1°: ____________________

2° (if present): ____________________

3° (if present): ____________________

Axis II: ____________________

Axis III: ____________________

Axis IV: Economic Problems ☐ Educational Problems ☐ Housing Problems

Occupational Problems ☐ Other psychosocial and environmental problems

Problems related to interaction with legal system/crime ☐ Problems related to the social environment

Problems with access to health care services ☐ Problems with primary support group

Axis V: Current GAF: _______ Highest GAF during in past 12 months: _______

FUNCTIONAL ASSESSMENT

Is the member able to perform Activities of Daily Living? ☐ Yes ☐ No If “No,” specify reasons for inability:

Is the member able to comprehend and follow instructions? ☐ Yes ☐ No If “No,” specify reasons for inability:

Is the member able to perform simple and repetitive tasks? ☐ Yes ☐ No If “No,” specify reasons for inability:

Is the member able to maintain an appropriate work pace? ☐ Yes ☐ No If “No,” specify reasons for inability:

Is the member able to relate appropriately to others beyond giving and receiving instructions? ☐ Yes ☐ No If “No,” specify reasons for inability:

ASSESSOR’S RECOMMENDATIONS

Client’s Psychological/Psychiatric Ability to Work (Please Select ONE Of the Following Two Choices):

☐ Client’s psychological/psychiatric symptoms DO NOT IMPAIR her/his ability to perform her/his primary job tasks appropriately and effectively at this time.

☐ Client’s psychological/psychiatric symptoms IMPAIR her/his ability to perform her/his primary job tasks appropriately and effectively at this time.

Rationale: ____________________

Treatment Recommendations: ____________________
## ASSESSOR INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Date Client Assessed</th>
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<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
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