

Uniform Assessment System - New York Mental Health Assessment Report

Person, Any

Date of Birth: 01/01/1950

Medicaid ID: BB12345G

Assessment Date: 02/28/2013

Section A: Identification Info

Mental Health Supplement Reference Date: 02/28/2013

Section B: Mental Health Svc History

Number of lifetime psychiatric admissions: 1 - 3

Time since last contact with community mental health agency/professional in past year - e.g., psychiatrist, social worker: No contact in past year

Section C: Mental State Indicators

SECTION C: MENTAL STATE INDICATORS

Code for indicators observed in the last 3 days, irrespective of assumed cause
[Note: Whenever possible, ask person]

Self-deprecation- e.g., "I am nothing; I am of no use to anyone":	Not Present
Expressions of guilt / shame - e.g., I've done something awful; This is all my fault; I'm a terrible person:	Present but not exhibited in last 3 days
Expression of hopelessness- e.g., "There's no hope for the future; Nothing is going to change for the better":	Present but not exhibited in last 3 days
Inflated self-worth - e.g., exaggerated self-opinion, arrogance, inflated belief about one's own ability:	Not Present
Irritability - marked increase in being short-tempered or easily upset:	Not Present
Pressured speech / racing thoughts - rapid speech, rapid transition from topic to topic:	Not Present
Labile affect - affect fluctuates frequently with or without an external explanation:	Not Present
Flat or blunted affect - indifference, nonresponsiveness, hard to get to smile, etc.:	Not Present
Obsessive thoughts - unwanted ideas or thoughts that cannot be eliminated:	Not Present
Compulsive behavior - e.g., hand washing, repetitive checking of room, counting, etc.:	Exhibited on 1-2 of last 3 days
Intrusive thoughts or flashbacks - disturbing memories or images that intrude into thought, unexpected recall of adverse events:	Exhibited daily in last 3 days
Episodes of panic - cascade of symptoms of fear, anxiety, loss of control:	Not Present
Unusual or abnormal physical movements - unusual facial expressions or mannerisms, peculiar motor behavior or body posturing, e.g., stereotypes, waxy flexibility:	Not Present
Hygiene - unusually poor hygiene, unkempt, dishevelled:	Not Present

Section D: Substance Use

Number of days in last 30 days consumed alcohol to point of intoxication: 2-8 days

Section E: Harm to Self and Others

Self-injurious ideation or attempt

Code for most recent instance

Considered performing a self-injurious act: More than 1 year ago

Most recent self-injurious attempt: More than 1 year ago

Intent of any self-injurious attempt was to kill him or herself: No

Family, caregiver, friend, or staff expresses concern that the person is at risk for self-injury: No

Classified by the New York State Department of Health as "restricted confidential." For further questions contact Security

This report contains information the disclosure of which is restricted by New York State law. For further questions contact Security

Assessment Date: 02/28/2013

Violence

Code for most recent instance

Intimidation of others or threatened violence - e.g., threatening gestures or stance with no physical contact, shouting angrily, throwing furniture, explicit threats of violence: **More than 1 year ago**

Violence to others - acts with purposeful, malicious, or vicious intent, resulting in physical harm to another, e.g., stabbing, choking, beating: **More than 1 year ago**

Police Intervention

Code for most recent instance (excluded contact as victim)

Police intervention for nonviolent behavior: **More than 1 year ago**

Police intervention for violent behavior: **31 days - 1 year ago**

Section F: Stress and Trauma

Life Events

Code for most recent time of event

Death of close family member or friend: **Never**

Victim of crime - e.g., robbery; EXCLUDES ASSAULT: **Never**

Victim of sexual assault or abuse: **Never**

Victim of physical assault or abuse: **Never**

Victim of emotional abuse: **Never**

Section G: Medication

Stopped taking psychotropic medication in last 90 days because of side effects: **No, or no psychotropic medications**

Intentional misuse of prescription / over-the-counter medication in last 90 days e.g., used medication such as benzodiazepines or analgesic for purpose other than intended: **No**

Section H: Social Relations

Conflict with or repeated criticism of family or friends: **No**