



Outpatient Review Form Questions

DSM-IV Diagnosis Information:

- Diagnosis information will include:
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Axis I: Clinical Disorders, DSM-IV Classification number

- Identify the clinical disorder(s)

Axis II: Personality Disorders – Mental Retardation

- Identify the DSM-IV classification number(s) for personality disorders or mental retardation

Axis III: General Medical Conditions

- Identify any medical concerns and/or conditions

Axis IV: Psychosocial And Environmental Problems

Identification of psychosocial and environmental problems from the following concerns:

1. Primary Support: Questions will include the following issues:

- Relationship/Marriage
- Family
- Peer/Friendships
- Physical/Medical Concerns

2. Financial: Are there any financial concerns?

3. Occupational: The following occupational concerns should be identified.

- Disability Status
- Job Jeopardy
- Job performance issues
- Absenteeism/tardiness

4. Educational: Are there any illiteracy, academic problems, discord with teachers or classmates, and inadequate school environment concerns?

5. Legal: Are there any arrest, incarceration, litigation, or victimization concerns?

6. Housing: Are there any housing concerns, which can include: homelessness, inadequate housing, unsafe neighborhoods, or discord with neighbors or a landlord?

7. Access to health care: Identify if there are any problems with health care access that can include: inadequate health care services, transportation concerns, or inadequate health insurance.

8. Social environment: Are there any questions/concerns about issues such as: exposure to war, disasters, or hostilities.

9. Other: Identification of other concerns not listed above.

Axis V: Global Assessment of Functioning rating

- This would include a GAF score for the current and baseline assessment
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Mental Health Symptom Identification:

- Identify any of the following mental health symptoms:
 - Anxiousness
 - Hopelessness
 - Problems with ADLs
 - Concentration problems
 - Concomitant Medical Condition
 - Depressed mood
 - Decreased Energy
 - Delusions
 - Disruption of thought process
 - Dissociative states
 - Grief
 - Guilt
 - Hallucinations
 - Impulsivity
 - Irritability
 - Hyperactivity
 - Mania
 - Memory Problems
 - Mood Lability
 - Obsessions/Compulsions
 - Oppositionalism
 - Panic Attacks
 - Paranoia
 - Sleep Function
 - Somatic Complaints
 - Tearfulness
 - Weight Change (significant)
 - Worthlessness
 - Other
 - Add a symptom narrative (if needed).
 - Does the symptom(s) support the diagnosis?
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Substance Abuse Treatment Issues:

- Identify any substance abuse issues.
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Mental Status:

- Identify mental status issues such as: orientation, psychosis, or insight/judgment issues.
 - Should testing be offered?
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Risk History:

- Identify any suicidality or homicidality in concerns to: prior attempts, medical/legal consequences, or family history.
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Current Medication(s):

- List all medications being used by: name, dosage, frequency, start date, and end date. Identify any other concerns about medication use (example: side effects or allergies). List who prescribed the medication.
 - Identify the Primary Care Physician and care coordination between practitioners.
 - Was a medication evaluation given?
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Treatment Goals and Discharge Planning:

- Identify treatment goals, interventions, and time lines.
 - List any discharge planning information (if needed) and identify any barriers to possible follow-up.
 - How are SX currently impacting the participant's ability to function?
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Treatment Progress Comments:

- Identification of treatment progress and concerns.