PSYCHIATRIC EMERGENCY SERVICES – PATIENT ASSESSMENT

NAME _____ DATE _____ TIME ARRIVED IN PES _____

PRESENTING COMPLAINT: _____

REFERRING SOURCE:

- ☐ 010 SELF
- ☐ 820 WOD
- ☐ 300 MHC
- ☐ 353 WSCS
- ☐ 920 HOMELESS
- ☐ 900 OTHER _____
- ☐ 810 POLICE
- ☐ 020 FAMILY
- ☐ 352 ESCS
- ☐ 354 GROUP HOME/RESPITE
- ☐ 110 HOSPITAL _____
- ☐ 999 OUTREACH FROM _____

BROUGHT IN BY:

☐ SELF ☐ FAMILY ☐ FRIEND ☐ POLICE

☐ OHER _____

PATIENT RELIABILITY:

☐ GOOD ☐ FAIR ☐ POOR

DISCHARGED WITHIN LAST 2 WEEKS FROM:

☐ ST. HOSPITAL ☐ PES ☐ CRISIS SHELTER ☐ DETOX

☐ OTHER _____

PERSON AUTHORIZED TO CONTACT DURING THIS VISIT - RELATIONSHIP: _____

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

PRESENTING PROBLEMS:	#1	#2
DEPRESSION	☐	☐
ANXIETY	☐	☐
MANIC/HYPOMANIC	☐	☐
PARANOID	☐	☐
HALLUCINATIONS	☐	☐
DELUSIONS	☐	☐
SUICIDAL IDEATION	☐	☐
SUICIDE ATTEMPT/GESTURE	☐	☐
THREATENING/VIOLENT	☐	☐
BIZARRE BEHAVIOR	☐	☐
DISORIENTATION/CONFUSION	☐	☐

PRESENTING PROBLEMS:	#1	#2
ALCOHOL/DRUG ABUSE	☐	☐
ALCOHOL/DRUG INTOXICATION	☐	☐
ADL DEFICIT	☐	☐
NONCOMPLIANCE/OUT OF MEDS	☐	☐
FORENSIC	☐	☐
RELATIONSHIP PROBLEMS	☐	☐
PHYSICAL ABUSE	☐	☐
SEXUAL ABUSE	☐	☐
CHILD ABUSE	☐	☐
ELDER ABUSE	☐	☐
ABUSE REPORTED	☐	☐

TO WHO _____

PRESENTING PROBLEM: _____

TRIGGERS LEADING TO LOSS OF CONTROL: _____

INTERVENTIONS THAT CALM PATIENT: _____

CONTRAINDICATION TO RESTRAINT: ☐ PHYSICAL DISABILITY ☐ PHYSICAL LIMITATIONS

☐ PREGNANCY ☐ OTHER _____

COLLATERAL INFO _____ WHO _____ TIME _____

ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL

PAST PSYCH HISTORY:

☐ STATE MENTAL HOSPITAL
☐ PRIVATE HOSPITAL
☐ SVCH HOSPITAL
☐ MHC
☐ VA HOSPITAL
☐ OTHER

DATE OF LAST ADMIT _____
PAST DIAGNOSES _____
PRIMARY PHYSICIAN _____

HOMICIDE:

	PRESENT YES	PRESENT NO	PAST YES	PAST NO
ASSAULT	☐	☐	☐	☐
THREATS	☐	☐	☐	☐
JAIL	☐	☐	☐	☐
LEGAL PRO	☐	☐	☐	☐
			☐ UNKNOWN	
PAROLE OFFICER	☐	☐		

NAME _____

SUBSTANCE USE:

	PRESENT YES	PRESENT NO	PRESENT UNK	PAST YES	PAST NO	PAST UNK	FREQ/QUANT LAST USE
ALCOHOL	☐	☐	☐	☐	☐	☐	_____
COCAINE	☐	☐	☐	☐	☐	☐	_____
MARIJUANA	☐	☐	☐	☐	☐	☐	_____
OPIATES	☐	☐	☐	☐	☐	☐	_____
AMPHETAMINES	☐	☐	☐	☐	☐	☐	_____
SEDATIVES	☐	☐	☐	☐	☐	☐	_____
HALLUCINOGENS	☐	☐	☐	☐	☐	☐	_____
OTHER	☐	☐	☐	☐	☐	☐	_____

HISTORY OF CHEMICAL DEPENDENCY TX _____ WHERE _____

SUICIDE:

	PRESENT YES	PRESENT NO	PAST YES	PAST NO
THOUGHTS	☐	☐	☐	☐
THREATS	☐	☐	☐	☐
INTENT	☐	☐	☐	☐
ATTEMPTS	☐	☐	☐	☐
			☐ UNKNOWN	

SUICIDE RISK ASSESSMENT
☐ LOW ☐ MODERATE ☐ HIGH

CURRENT MEDS/COMPLIANCE

_____
_____
_____
_____
LAST TOOK _____
ALLERGIES _____

DEMOGRAPHIC INFORMATION:

STREET _____ PHONE _____

CITY _____ DOB _____ F____ M _____

STATE _____ ZIP _____

RACE/ETHNICITY

☐ NATIVE AMERICAN
☐ ASIAN
☐ AFRICAN AMERICAN
☐ CAUCASIAN
☐ HISPANIC
☐ ARABIC
☐ OTHER
☐ UNKNOWN

MARITAL STATUS

☐ SINGLE
☐ DIVORCED
☐ SEPARATED
☐ MARRIED/COMMON LAW
☐ WIDOWED
☐ UNKNOWN

CURRENT LIVING ARRANGEMENT

☐ OWN HOME
☐ FRIEND'S HOME
☐ RELATIVE'S HOME
☐ HOMELESS
☐ CRISIS SHELTER
☐ JAIL
☐ OTHER: _____
_____

EDUCATION

☐ LAST GRADE COMPLETE ____
☐ GED
☐ UNKNOWN

EMPLOYMENT STATUS

PLACE OF EMPLOYMENT
_____
☐ UNEMPLOYED
☐ UNKNOWN ☐ DISABLED

MAJOR SOURCE OF INCOME

☐ WAGES/SALARY
☐ FAMILY
☐ SSI
☐ SSD
☐ GENERAL RELIEF
☐ ADC
☐ UNKNOWN
☐ NONE
☐ OTHER _____

MEDICAL INSURANCE

☐ MEDICAID
☐ MEDICARE A
☐ MEDICARE B
☐ NONE
☐ UNKNOWN
☐ 3RD PARTY _____
_____

ACTIVE MENTAL HEALTH AGENCY

☐ CFC ☐ MHTHC
☐ MHS, INC. ☐ RECOVERY RESOURCES
☐ NEOHS ☐ FWC
☐ BRIDGEWAY ☐ OTHER
☐ NOT ACTIVE

CURRENT CASE MANAGER ☐ YES ☐ NO

NAME: _____
NOTIFIED ☐ YES ☐ NO TIME _____

CURRENT GUARDIAN ☐ YES ☐ NO

NAME: _____
NOTIFIED ☐ YES ☐ NO

CURRENT PSYCHIATRIST ☐ YES ☐ NO

NAME: _____
LAST SEEN _____

SIGNIFICANT OTHERS:

NAME/RELATIONSHIP	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

DATE _____ TIME SEEN BY EVALUATOR _____

SIGNATURE OF EVALUATOR _____ PRINTED NAME _____