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GRAY blocks are areas where data will be captured by Magellan and providers do not need to ask the questions

GREEN blocks are required for TEDS admission data collection. In ALL cases, these will require entry of numbers, or use dropdowns for data collection.

TEDS Transfer, Update and Discharge require a small subset of the data collected for admission.

Assessment Date (date of face to face):	**Beginning Time:**	**Ending Time:**	**Magellan ID:** **Member Funding:**
Assessment Completed by (Staff):		**Agency:**	**Facility:**

TYPE: ***(drives required fields)*** 1. TEDS Admission Data Only; 2. TEDS Transfer; 3. TEDS Discharge Only; 4. TEDS Annual Update; 5. Full Clinical Assessment-Admission; 6. Full Clinical Assessment -Transfer/Update; 7. Full Clinical Assessment-Discharge

Date of Admission: (date)

Assessment Profile Information

Member Name:	**Agency Client #:**
Admission Date:	
Street Address: **State:** **Zip:** **County:**	**DOB:** **Age:** **Gender:**
Phone:	**Health Insurance:**
Race:	**Hispanic or Latino Origin**
Pregnant at Admission?	**Veteran Status:**
Who referred you for Treatment?	

Risk Assessment

Risk of Harm to Self: *Prior suicide attempt; Stated plan/intent; Access to means; Recent loss; Family hx of suicide; Presence of behavioral cues; Psychosis; Medical illness; Substance use; Marked lack of support; Suicide of friend/acquaintance*

Risk of Harm to Others: *Prior acts of violence; Destruction of property; Arrests for violence; Access to means; Substance use; Harms animals; Fire setting; Angry mood/agitation; Prior hospitalization for danger to others; Psychosis; Command hallucinations*

Client safety and other risk factors: *Feels unsafe in current living environment; Engages in dangerous sexual behavior; Feels currently being harmed/hurt/abused/threatened by someone; Relapse/decompensation triggers; Feels family does not accept them; Experiences discrimination; Runs away; Inappropriate sexual behaviors; Sex offender status; Pending sex offense charge; Other*

General Clinical Information

Presenting Problem (in Client's own words):

Strengths:

Marital Status:	**Employment Status:**
Living Situation:	**#Days in stable housing in last 90 days:**
Highest Level of Education Completed	**Name of School (if currently attending)**
Name of Employer, if applicable:	**Months Employed or in Voc/Ed Training in last 12 months:**
Number of People Living with Client:	**Number of Employers in last 12 months:**
Client Legal Status:	**# Arrests in Last 30 Days:**
# Days Incarcerated in last 12 months:	**# Arrests in Last 12 Months:**

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Currently enrolled in Vocational Rehab? Yes, No, N/A

Client Treatment History

Medications taken historically, currently prescribed, or over the counter:
Including name, dose, frequency, adherence

Medical History and Current Concerns:

# Previous outpatient mental health treatment episodes:	**# Prior Psychiatric Hospitalizations:** **If member currently hospitalized, what is the legal status of the hospitalization?** **MH ONLY**

Psychiatric History:

Developmental History: *1.Normal development; 2. Speech and language delay; 3. Motor skills delay; 4. Cognitive delay; 5. Social skills delay; 6. Learning disabilities (Specify the type, e.g., Dyslexia, Dyscalculia); 7. Autism Spectrum Disorder (ASD); 8. Attention-Deficit/Hyperactivity Disorder (ADHD); 9. Intellectual disability; 10. Emotional/behavioral difficulties; 11. Physical disabilities (Specify the type, e.g., Cerebral palsy); 12. Sensory processing difficulties (e.g., Sensory processing disorder); 13. Gifted and talented; 14. No known developmental concerns; 15. Other*

Psychological, Psychiatric and other Testing (Please provide full scale IQ if known):

Family History of Psychiatric Condition(s):

Current Service Providers (if any):

Current Symptoms Assessment

Current Symptoms

- Anxious, worried
- Feelings of being out of control
- Restlessness, agitated, frantic/tense
- Trouble sleeping
- Panic attacks
- Flashbacks, nightmares
- Guilt, shame
- Lost of interest in activities
- Irritable, easily angered
- Recklessness
- Vigilant, tense,
- Trouble focusing, concentrating
- Avoidance, withdrawal
- Unhappiness, sad
- Unable to enjoy activities used to enjoy
- Weight gain or loss
- Tired, exhausted
- Worthlessness, guilt
- Thoughts of death
- Thoughts of suicide/homicide
- Reduced functioning work/school
- Elevated mood
- Manic
- Flooded thoughts
- Feelings of elation
- Extreme mood swings
- Increase in reckless behavior
- Compulsions
- Problems with memory
- Fidgeting
- Difficulty concentrating

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Substance Use History

Are you seeking treatment for current or past Substance Use? Y/N
Is client looking for treatment based on a substance use issue by a family member?

IF NO TO BOTH QUESTIONS, SKIP THIS ENTIRE SECTION.
IF YES TO FIRST QUESTION, ASK THE NEXT QUESTION.

Does Client have a Co-Occurring Health Problem?

Current Substance Use/Dependence:

Primary Substance: **Primary Detailed Substance:** **Age of First Use:**
Route of Administration: **Frequency:**
Age of regular use: **Date of Last Use:** **Amount:** **Severity:**

Secondary Substance: **Secondary Detailed Substance:** **Age of First Use:**
Route of Administration: **Frequency:**
Age of regular use: **Date of Last Use:** **Amount:** **Severity:**

Tertiary Substance: **Tertiary Detailed Substance:** **Age of First Use:**
Route of Administration: **Frequency:**
Age of regular use: **Date of Last Use:** **Amount:** **Severity:**

Family History of Drug/Alcohol Use:

Prior Substance Use Treatment:

 # Prior Substance Use Treatment Admissions: 0, 1, 2, 3, 4, 5 or more, unknown
#Prior Substance Use detox treatments: 0, 1, 2, 3, 4, 5 or more, unknown
Prior Substance **Use residential treatments: 0, 1, 2, 3, 4, 5 or more, unknown**
Longest period of abstinence: *Days; Weeks; Months; Years; N/A*

Attendance at Self-Help Groups in last 30 days

Is MAT Planned? Y/N

How many days has the Client been waiting for services (days between first contact and first treatment appointment?

Would you like to talk to someone about whether or not you should be tested for infectious or communicable diseases such as TB, Hepatitis C, or sexually transmitted diseases?
If other:
Comments:

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ASAM Dimensions (SUD ONLY)

Dimension	Symptoms Check all that apply	Severity	Dimension Notes	LOC Recommendation
I- Acute Intoxication and/or withdrawal potential	○ Tremors ○ High Blood Pressure ○ Ulcers ○ Delirium (DT's) ○ Hepatitis ○ Gastrisis ○ Seizures ○ Nosebleeds	○ Not at all ○ A Little ○ Somewhat ○ Very ○ Extremely		
II- Biomedical Conditions and Complications:	○ Heart Problems ○ High Blood Pressure ○ High Cholesterol ○ Blood Disorder ○ Diabetes ○ HIV ○ Stomach/Intestinal Problems ○ Cancer ○ Allergies ○ Sleep Problems ○ Seizure/Neurological Problems ○ Thyroid Problems ○ Kidney Problems ○ Liver Problems ○ Viral Hepatitis ○ Asthma/Lung Problems ○ Muscle/Joint Problems ○ Chronic Pain ○ Vision Problems ○ Hearing Problems ○ Dental Problems ○ Tuberculosis ○ Sexually Transmitted Disease ○ Infections ○ Other	○ Not at all ○ A Little ○ Somewhat ○ Very ○ Extremely		
III Emotional / Behavioral or cognitive conditions and complications	○ Verbal Abuse ○ Physical Abuse ○ Excessive anger ○ Anxiety ○ Loss of pleasure/interest ○ More/less social ○ Embarrassed by behavior during use ○ Social isolation ○ Labile mood ○ Impulsivity ○ Depression ○ More relaxed	○ Not at all ○ A Little ○ Somewhat ○ Very ○ Extremely		

	○ Effects on morality or spirituality ○ Family concerned ○ Work concerned ○ Insomnia ○ Sexual performance ○ Flashbacks ○ Paranoia ○ Delusions ○ Gambling ○ Risky behavior ○ Suicide Ideation			
IV Readiness to change	○ Precontemplation ○ Contemplation ○ Preparation ○ Action ○ Maintenance	○ Not at all ○ A Little ○ Somewhat ○ Very ○ Extremely		
V Relapse, continued use or continued problem potential:	○ Low/no potential ○ Mild ○ Moderate ○ Severe ○ Very Severe	○ Not at all ○ A Little ○ Somewhat ○ Very ○ Extremely		
VI Recovery Environment	○ Stable housing ○ Homeless ○ Supportive social network ○ Unsupportive social network ○ Employed ○ Unemployed ○ Attending school ○ Missing school/work ○ Retired ○ Financial Concerns ○ Legal/Criminal Justice Concerns ○ Childcare Concerns ○ Currently Attending Support Group ○ Domestic Violence	○ Not at all ○ A Little ○ Somewhat ○ Very ○ Extremely		

Overall ASAM Level of Care Recommendation:

Withdrawal Management: *1 WM Outpatient, 2-WM Intensive outpatient, 3.7 WM Residential, 4WM Hospital*

Comments:

Functional Assessment NOTE: Please focus on Strengths as well as Needs of the Member
CANS Functional Assessment Score **Has a CANS or ANSA been completed? yes or no** **If Yes, what was the number of actionable needs?**
Health/Medical:
Does Client have a Co-Occurring Health Problem? Yes, No, N/A **What is/are those?**
Vocational/Educational:
School Attendance in Last 90 Days: YES – Client has attended school at any time in the past three months. NO – Client has not attended school at any time in the past three months. NOT APPLICABLE – For non school-age clients (i.e., less than 3 years old and adults, 18 years and older except if protected under the IDEA). UNKNOWN – Individual client value is unknown
Financial Status (principal source of financial support):
Social Relationships and Supports: 1. Social Support • *Strong: Has a reliable and robust support network available.* • *Moderate: Has some support but may need more consistent assistance.* • *Limited: Has limited support and may feel isolated at times.* • *None: Lacks a supportive network of individuals.* 2. Friendships • *Strong and Numerous: Has several close and reliable friendships.* • *Adequate: Has some friendships but desires more or deeper connections.* • *Limited: Has few friends and feels socially isolated.* • *None: Lacks meaningful friendships.* 3. Romantic relationships • *Satisfying: Experiences a fulfilling and supportive romantic relationship.* • *Average: Has a romantic relationship with occasional challenges.* • *Unsatisfying: Experiences dissatisfaction or conflict in the romantic relationship.* • *Single: Not currently in a romantic relationship.* • *N/A*

4. Perceived social connection

- *Rarely Feels Isolated: Feels connected and supported most of the time.*
- *Sometimes Feels Isolated: Experiences occasional feelings of isolation.*
- *Often Feels Isolated: Frequently experiences a sense of loneliness.*
- *Always Feels Isolated: Consistently feels disconnected and alone.*

Basic Living Skills: *Independent; Partially independent; Requires assistance; Unable*

Community Engagement: *Actively Involved: Engages actively in community activities and events.; Somewhat Involved: Participates in some community activities but not extensively.; Limited Involvement: Rarely engages in community events or activities.; No Involvement: Does not participate in community activities.*

Family: *Very Positive: Enjoys close and healthy relationships with family members.; Positive: Generally has positive relationships but occasional conflicts.; Strained: Experiences frequent conflicts or difficulties with family members.; Dysfunctional: Experiences significant problems within the family dynamic.*

Cultural and Language Preferences:
Primary language spoken:
Interpreter or Translation Services needed:
Spiritual Beliefs/Preferences:
Cultural Beliefs/Preferences:

Culture:
Cultural Identity
Strong and Connected: Feels a strong sense of cultural identity and actively participates in cultural practices.
Moderate: Has a sense of cultural identity but may not actively engage in cultural practices regularly.
Disconnected: Feels detached from their cultural identity and does not participate in cultural practices.

Cultural Practices and Traditions:
Actively Engages: Regularly participates in cultural practices and traditions.
Occasionally Engages: Participates in some cultural practices but not consistently.
Rarely Engages: Rarely participates in cultural practices or traditions.
Does Not Engage: Does not participate in any cultural practices or traditions.

Mental Status Exam Summary :NOTE: Please focus on Strengths as well as Needs of the Member

Appearance: *Well kept; Disheveled; Appropriately dressed; Inappropriately dressed; Within normal limits; Other*

Motor Activity: *Normal; Restless; Tics; Slowed; Within normal limits; Impulsive; Agitated; Accelerated; Other*

Speech: *Normal; Tangential; Pressured; Rapid; Impoverished; Loud; Slurred; Soft; Other*

Thought Process: *Logical, Circumstantial, Tangential, Loose, Racing, incoherent, concrete, blocked, flight of idea's, poverty of content, slowed thinking*

Thought Content: *Suicidal ideation; Suicidal Plan; Suicidal intent; Self harm; Aggressive; Homicidal intent; Homicidal Plan; Grandiose delusions; Paranoid delusions; Religious delusions; Other Within normal limits; Preoccupation/ruminations; Obsessional; Depressive; Phobic*

Perceptions: *Auditory Hallucinations; Visual Hallucinations; Derealization; Depersonalization; Other; None Within normal limits; Command hallucination*

Mood/Affect: *Euthymic; Anxious; Angry; Depressed; Euphoric; Irritable; Other Calm and composed; Reserved; Agitated; Bored/Disinterested; Relaxed Full; Constricted; Flat; Labile*

Eye Contact: *Normal; Intense; Avoidant; Other*

Attitude/Behavior: Cooperative; Guarded; Hyperactive; Agitated; Paranoid; Stereotyped; Aggressive; Bizarre; Withdrawn; Other Hostile; Defensive; Evasive; Seductive; Mistrustful; Manipulative

Orientation:

Memory: *None; Short-term; Long-term; Other*

Judgment: *Good; Fair; Poor; Other; Within normal limits*

Insight: *Good; Fair; Poor; Other; Within normal limits*

Clinical Formulation:

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Diagnosis			
Primary SUD Diagnosis: (SUD ONLY) **Primary MH Diagnosis: (MH ONLY)** **Secondary MH Diagnosis: (MH ONLY)** **Tertiary MH Diagnosis: (MH ONLY)**		**For MH: SMI/SED Status**	
Category	**Code**	**Description**	**Principal**
Medical **Primary** **Secondary** **Tertiary**			
Psychosocial **Primary** **Secondary** **Tertiary**			

Recommendations		
Recommended Treatment Setting:	**Date:**	**Made By:**
For SUD, ASAM Justification:		
Recommendation Explanation: **Level of Care:** **Intensity of Services:** **Duration of Treatment:**		

Additional Discharge/Transfer/Update Questions
Date of Last Contact **Reason for Discharge/Transfer** **Date of Discharge**