MANCHESTER CITY COUNCIL

Manchester Mental Health and Social Care Trust NHS

ASSESSMENT FORM Version 2.0

☐ NORTH A&E ☐ CENTRAL A&E ☐ SOUTH A&E ☐ NOT A&E	DATE TODAY:	TIME NOW (24hr): :

Family Name:		Forename:	Title:
Known Aliases:		Male: ☐ Female: ☐ Transgender: ☐	Language:
Address:		NHS No.:	Hospital No.: (or A&E No.)
		Consultant:	Marital Status: (tick box that currently applies) ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Other _____
Phone Number:		Religion:	
Postcode:	Age:	D.O.B:	Case Note No.:
Ethnic Origin:	**A:** White British **B:** White Irish **C:** White, Any other Background **D:** Mixed, White and Black Caribbean **E:** Mixed, White and Black African **F:** Mixed, White and Asian **G:** Mixed, Any other mixed background **H:** Asian or Asian British, Indian **J:** Asian or Asian British, Pakistani **K:** Asian or Asian British, Bangladeshi **L:** Asian or Asian British, Any other Asian Background **M:** Black or Black British, Caribbean **N:** Black or Black British, African **P:** Black or Black British, Any other Black Background **R:** Chinese **S:** Any other ethnic group **Q:** Not asked **W:** Declined		

ONLY FILL IN THE SECTION BELOW WHEN THE ASSESSMENT IS COMPLETE

DANGER/RISK TO OTHERS — Likelihood ☐/5 X Consequences ☐/5 = ☐/25

	Now	Past	No	Brief comments e.g. "see main assessment"		Now	Past	No	Brief comments e.g. "see main assessment"
Aggression/Violence to others	☐	☐	☐		Hostage Taking	☐	☐	☐	
Arrested for violence	☐	☐	☐		Threats to kill/cause harm others	☐	☐	☐	
Conviction for violent or sexual offence	☐	☐	☐		Sexual Abuse/Other abuse to others	☐	☐	☐	
Use of/Obsession with weapons	☐	☐	☐		Stalking/Harassment	☐	☐	☐	
Arson/Fire setting	☐	☐	☐		Risk to Children e.g. Schedule One	☐	☐	☐	

SELF-HARM/SUICIDE — Likelihood ☐/5 X Consequences ☐/5 = ☐/25

	Now	Past	No	Brief comments e.g. "see main assessment"		Now	Past	No	Brief comments e.g. "see main assessment"
Actual self-harm, (burn cutting, poisoning)	☐	☐	☐		Substance misuse	☐	☐	☐	
Suicidal Ideation	☐	☐	☐		Family history of suicide	☐	☐	☐	
Suicidal Plans	☐	☐	☐						

SELF-NEGLECT — Likelihood ☐/5 X Consequences ☐/5 = ☐/25

	Now	Past	No	Brief comments e.g. "see main assessment"		Now	Past	No	Brief comments e.g. "see main assessment"
Poor nutrition	☐	☐	☐		Unable to cook/feed self	☐	☐	☐	
Poor personal hygiene	☐	☐	☐		Unable to wash/ dress self	☐	☐	☐	
Poor physical health	☐	☐	☐		Poor budgeting	☐	☐	☐	

VULNERABILITY — Likelihood ☐/5 X Consequences ☐/5 = ☐/25

	Now	Past	No	Brief comments e.g. "see main assessment"		Now	Past	No	Brief comments e.g. "see main assessment"
Recent bereavement or loss	☐	☐	☐		Untreated/exacerbation of physical illness	☐	☐	☐	
Physical/Mental/Sexual/ Verbal/Financial abuse	☐	☐	☐		Visual/perceptual problems	☐	☐	☐	
Victimisation/Exploit -ation/Domestic Violence	☐	☐	☐		Impaired Cognition	☐	☐	☐	
Falls/Balance/Gait/ Mobility	☐	☐	☐		Contact with children or vulnerable adults	Yes	No		
Wandering	☐	☐	☐		Neglect from others	☐	☐	☐	

RELAPSE RISK — Likelihood ☐/5 X Consequences ☐/5 = ☐/25

	Now	Past	No	Brief comments e.g. "see main assessment"		Now	Past	No	Brief comments e.g. "see main assessment"
Non compliance with medication	☐	☐	☐		Relapses in last 12 months	☐	☐	☐	
Disengagement from MH Services	☐	☐	☐		Stressors	☐	☐	☐	
Early warning signs detectable	☐	☐	☐						

ENVIRONMENTAL RISKS — Likelihood ☐/5 X Consequences ☐/5 = ☐/25

	Now	Past	No	Brief comments e.g. "see main assessment"		Now	Past	No	Brief comments e.g. "see main assessment"
Limited means of communicating	☐	☐	☐		Poor lighting/flooring/ cookers etc.	☐	☐	☐	
Risk accessing buildings	☐	☐	☐		Accidental harm in the home	☐	☐	☐	
Risk from animals	☐	☐	☐		Risk of or recent falls	☐	☐	☐	
Risk from neighbourhood	☐	☐	☐						

PRESENTING HISTORY

Referral from: ☐ Physician ☐ A & E officer ☐ GP ☐ Other (specify) _____

Reason for referral:

History of Presenting Complaint: (If additional space is required please use history sheets. See guidance notes for further instructions)
(include course, duration and patient's perception of problem)

History from Informant: (Where required, or use as continuation space for above)
(If additional space is required please use history sheets. See guidance notes for further instructions)

Name of informant(s):

Current Psychiatric Treatment or Agencies involved: **(details)**

☐ None ☐ In-patients ☐ Crisis Resolution ☐ Out-patients ☐ GP ☐ Pearl/Safire

☐ Other (specify) _____

Previous Psychiatric Treatment: **(details)**

☐ None ☐ Last 12 months ☐ > 12 month

☐ **See Previous History**
Ref:

Adherence and engagement with services:

(Include willingness and understanding of rationale to accept medication. Consider insight, past experience and 3rd party information)

Past Medical and Surgical History:

(e.g. diabetes, cardiovascular, renal etc.)

☐ **See Previous History**
Ref:

Allergies/adverse drug reactions?

☐ Yes ☐ No

(include food and drugs)

☐ **See Previous History**
Ref:

Medication: (current ones first) (If additional space is required please use history sheets. See guidance notes for further instructions)

Drug	Dose	Frequency	Date started	Date finished	Comments, efficacy, side-effects

SELF HARM ASSESSMENT

If Self Harm not identified, tick here ☐ and skip to Page 5

☐ Other (please state)

Method: ☐ Self Poison (drugs) ☐ Self Poison (other) ☐ Self Injury (e.g. cut/pierce)

Place:	Date of Harm:	Time of harm:
Premeditated? ☐ Yes ☐ No	Suicide Note ☐ Yes ☐ No	Wanted to die at the time of attempt? ☐ Yes ☐ No
Tried to avoid discovery? ☐ Yes ☐ No		
Alcohol taken within 6 hours of attempt? ☐ Yes ☐ No	No.of Units	

If Self Poisoning:

Type of Drug	Name	No x Dose	Type of Drug	Name	No x Dose
Paracetamol			Opiate		
Other analgesic			Antidepressant		
Antipsychotic			Benzodiazepine		
Other (Specify)			Other (Specify)		

Main Precipitants of Self Harm: (tick all relevant boxes)

Relationship problem with:

Partner (boy/girlfriend)	☐ Yes	☐ No	Legal Problems	☐ Yes	☐ No
Parent	☐ Yes	☐ No	Victim of Crime	☐ Yes	☐ No
Siblings	☐ Yes	☐ No	Physical Health Problems	☐ Yes	☐ No
Other (Please state)	☐ Yes	☐ No			
Bullying/Intimidation	☐ Yes	☐ No	Financial Problems	☐ Yes	☐ No
Miscarriage/Still Birth	☐ Yes	☐ No	Direct Response to mental symptoms	☐ Yes	☐ No
Bereavement	☐ Yes	☐ No	Abuse Physical/Mental/Sexual	☐ Yes	☐ No
Drug abuse/misuse	☐ Yes	☐ No			
Alcohol abuse/misuse	☐ Yes	☐ No	Other Mental Health issues	☐ Yes	☐ No
Housing Problem	☐ Yes	☐ No	Not Known	☐ Yes	☐ No
Employment/Study Problems	☐ Yes	☐ No	Other (Please specify)		

Energy	☐ No Change	☐ Decreased	☐ Increased
Sleep	☐ No Change	☐ Decreased	☐ Increased
Appetite	☐ No Change	☐ Decreased	☐ Increased

Hostility	☐ Yes ☐ No	Hopelessness	☐ Yes ☐ No
Suicidal Plans	☐ Yes ☐ No	Suicidal Thoughts	☐ Yes ☐ No

Previous Self Harm: ☐ None ☐ Last 12 months ☐ >12 months

(Give further details of Self Harm history if not previously covered)

Other comments:

Suicide Risk Assessment:

Medical risk of this attempt	☐ Low	☐ Moderate	☐ High
Risk of further self harm	☐ Low	☐ Moderate	☐ High
Risk of suicide	☐ Low	☐ Moderate	☐ High
Risk of self neglect	☐ Low	☐ Moderate	☐ High

SUBSTANCE HISTORY

Alcohol use: (If additional space is required please use history sheets. See guidance notes for further instructions)

	Mon-Thurs	Fri-Sun	How long have you been drinking at this level?
No of days			
Units per day			Date and Time of last drink?
Total			Amount drank at this point?

Alcohol harmful use: (tick all boxes that apply) ☐ None ☐ Current ☐ Last 12 months ☐ >12 months ago

Treatment for harmful alcohol use: (tick all boxes that apply) ☐ None ☐ Current ☐ Last 12 months ☐ >12 months ago

Tobacco: ☐ Yes ☐ No If yes how much?

Drug Use: Including cannabis (tick all boxes that apply) ☐ None ☐ Current ☐ Last 12 months ☐ >12 months ago

Treatment for harmful drug use? (tick all boxes that apply) ☐ None ☐ Current ☐ Last 12 months ☐ >12 months ago

Type of Drug	Usual Dose	Frequency	Duration of use	Route of Administration	Date and time of last dose
Benzodiazepines					
MDMA (Ecstasy)					
Amphetamines					
Cannabis					
Methadone					
Heroin					
Cocaine					
Analgesics					
Prescription					
Other (e.g. Solvents)					

Are you concerned about your substance use? ☐ Yes ☐ No ☐ N/A
(Details as necessary)

Risk of withdrawal? (Alcohol/Drugs) ☐ Yes ☐ No ☐ N/A
(Details as necessary, including fits)

Alcohol/Drugs: (at time of interview) ☐ Sober ☐ Intoxicated

Family Medical and Psychiatric History:
(If additional space is required please use history sheets. See guidance notes for further instructions)

☐ See Previous History
Ref:

Family Tree: (If additional space is required please use history sheets.
See guidance notes for further instructions)

☐ See Previous History
Ref:

Birth and Perinatal: (Pre and post natal women with a current moderate to severe mental health diagnosis should be referred to the perinatal service for further assessment)

☐ See Previous History
Ref:

Childhood and Family Relationships:

☐ See Previous History
Ref:

Schooling and Education:
(Include relationships with teachers and peers)

☐ See Previous History
Ref:

Current Employment: (tick most appropriate box, complete for ALL self harm assessments)

☐ Full/ Part Time	☐ Housewife/Husband/Carer		☐ Unemployed (<26 Weeks)
☐ Unemployed	☐ Student/Schoolchild		☐ Unemployed (>26 Weeks)
☐ Registered Sick	☐ Retired	☐ Other	☐ Unemployed (Time N/K)

Driving Status: ☐ Holds a driving licence? (If yes refer to DVLA guidance for advice: Medical standards of fitness to drive)

Employment History:

☐ See Previous History
Ref:

Psychosexual and Relationship History:
(include gender/identity/sexual dysfunction issues and domestic violence)

☐ See Previous History
Ref:

Usually Living With: (tick most appropriate box)

☐ Street Homeless ☐ Alone ☐ Spouse/Partner ☐ Friends/Other Relatives ☐ Child(ren) Only

☐ Hostel Residents/Lodgings ☐ Parent/Sibling ☐ Other (Specify)

Children: (Include any children living/visiting the house)

Name	Age	Relation (e.g. son)	Contact (e.g. live tog.)

Social History
(Housing, Finance, Social networks etc.)

RISK OF VIOLENCE & AGGRESSION

Factors which predict risk can be found throughout the standard psychiatric assessment, with past behaviour and current factors such as psychosis or drugs being particularly relevant. Include current risks to self, others, children, vulnerable adults.

You may have covered many of these elsewhere. In all cases the frontpage tick list and CHORES should be completed, and you must document on Page 10 to whom these risks have been communicated.

Current Risks:

Has the patient made threats? Against whom? Are family members involved?
What is the MSE? Is the patient hostile or angry?
Command hallucinations, paranoid delusions, drug and alcohol use are very relevant.
Does the patient carry a weapon?

Thoughts of violence ☐ Yes ☐ No Risks of harm ☐ Low ☐ Moderate ☐ High

Forensic History:

☐ 'CHORES' completed ☐ 'CHORES' updated ☐ 'CHORES' not required
Are there previous acts of violence with/without weapons? Against people or property?
Any history of fires or hostage taking? Has the patient ever been sentenced for violent crime?
Are victims known to the patient, and do they have common characteristics?

Personality Style:
(Include coping styles, defences, relationship patterns)

☐ **See Previous History**
Ref:

MENTAL STATE EXAMINATION

Appearance and Behaviour:
(including physical features, dress, grooming, level of awareness and motor activity, gait, posture and attitude towards interviewer)

Subjective Mood: ☐ Normal ☐ Depressed ☐ Other (specify)
(as described by the patient)

Objective Mood: ☐ Normal ☐ Depressed ☐ Other (specify)
(as observed – depressed, elated, distressed)

Thought Form:
(including thought blocking, tangentiality, loosening of associations, poverty of thought)

Thought Content:
(including delusions and over-valued ideas, hopelessness or guilt, obsessions, thoughts of harm to self or others)

Abnormal Perceptions:
(including hallucinations and illusions)

Capacity:
1. Is there evidence of impairment in functioning of the mind?
2. Does the impairment result in inability to make specific decisions?

Insight:

Speech:
(Include rate, structure, volume, language)

Cognitive Assessment:
(If necessary, complete a mini mental state)

Concious Level: ☐ Alert ☐ Responds to verbal commands ☐ Responds to pain ☐ Unresponsive

CONCLUSION AND OPINION / IMPRESSION

(If diagnosis is unclear give a differential diagnosis)

Diagnosis 1	**ICD 10 Code: .**
Diagnosis 2	**ICD 10 Code: .**
Diagnosis 3	**ICD 10 Code: .**

Other Codes: **e.g. F Code**

MANAGEMENT PLAN

Admission:	☐ Formal ☐ Informal ☐ SAFIRE "non-admitted" ☐ Pearl "non admitted"
Urgent referral:	☐ Crisis Resolution ☐ Outpatient/CMHT
Non Urgent :	☐ CPN/CMHT ☐ Outpatient ☐ Psychiatric Day Hospital
Referred to:	☐ GP (Letter/Phone/Fax) ☐ GP (asked to see) ☐ CDT/CAT (Letter/Phone) ☐ CDT/CAT (asked to see) ☐ Social Services (Letter/Phone) ☐ Social Services (asked to see) ☐ Voluntary Service (Letter/Phone) ☐ Voluntary Service (asked to see) ☐ Other: _____ ☐ 42nd Street (asked to see)
Discharged:	☐ To be reviewed by assessor ☐ No referral ☐ Self discharge
GP informed:	☐ Yes, by letter ☐ Yes, by phone ☐ Yes by Fax ☐ No

MANCAS need headings:

1 - Self Care & Diet - inc. Self Neglect
2 - Psychological Health
3 - Safety to Self/Others, inc. Probation
4 - Accommodation
5 - Money
6 - Occupation & Leisure
7 - Stigma & Harassment
8 - Social Contacts
9 - Close Relationships
10 - Language & Culture
11 - Physical Health
12 - Looking after the Home
13 - Employment
14 - Information on Condition & Treatment
15 - Alcohol & Drugs
16 - Childcare/Contact with Children
17 - Educational Needs
18 - Transport
19 - Sexual Expression
20 - Religion & Beliefs

No.	Current needs/Problems	Action & Objectives	By When	By Whom

CRISIS PLAN

Early Warning Signs/Relapse Indicators:

☐ See Previous History
Ref:

Nature of service response to a Crisis/Out of Hours response:
How can the user/carer get help in a crisis? What are the coping strategies?

ACTIONS TO BE TAKEN TO REDUCE RISK - **RISK MANAGEMENT**

☐ **RISK ASSESSMENT CHECK LIST (FRONT COVER) COMPLETED.**

IF RISK TO CHILDREN, OLDER ADULTS OR VULNERABLE ADULTS TAKE ADVICE URGENTLY FROM YOUR MANAGER.
DOCUMENT ANY COMMUNICATION TO OTHERS, OF RISKS IDENTIFIED.

INCLUDE REASONS WHY NEED IS NOT BEING MET - **UNMET NEED**

CONTACT DETAILS

General Practitioner:	**Address:**
Tel No:	

Nearest Relative: ☐ Next of Kin: ☐ Key Carer: ☐ (indicate as appropriate) **Name:**	**Address:**	Brother (BR)		Friend (FR)	
		Sister (SI)		Wife (WI)	
		Mother (MO)		Husband (HU)	
		Father (FA)		Guardian (GU)	
		Daughter (DA)		Other (OT) (specify)	
Tel No:		Son (SO)			

Name of	Address	Telephone Number
Nurse:		M: L:
Social Worker:		M: L:
Support Worker:		M: L:
CPN:		M: L:
Psychologist:		M: L:
OT:		M: L:
Others: (specify name and designation)		M: L: M: L:

DESCRIPTION

Height:	Weight:	Build:
Skin Colour:	Hair Colour:	Eye Colour:
Distinguishing Marks/Features:		

ADMISSION DATA

If client is admitted please state purpose of admission:			Legal status on admission:
Date of Admission: (dd/mm/yy)	Time of Admission: (24hr clock)	Unit and Ward:	Admitting Consultant:

Methord of Admission - tick one only			**Source of Admission** - tick one only		
DO		Emergency Domiciliary	NO		Baby In/Out
GP		Emergency GP referral	LA		Local Authority Run Home
OP		Emergency OPD	MC		MHSC - Central Site
EM		Emergency Other	MN		MHSC - North Site
MB		Mother & Baby planned	MS		MHSC - South Site
MA		MRI A&E	NM		MHSC North Site
NA		NMGH A&E	TP		NHS Hospital (Mental Health - Not MHSC)
PD		Planned from Day Unit	TG		NHS Hospital (Not Mental Health)
PR		Planned Respite	TM		NHS Maternity Hospital
TP		Transfer from Other Provider	TP1		NHS Psychiatric Hospital - Not MHSC
TC		Transfer from Central	NN		NHS Run Home
TN		Transfer from North	NH		Non NHS Hospice
TS		Transfer from South	PR		Penal Establishment
BB		Emergency Bed Bureau	PH		Private Hospital
WA		Wythenshawe A&E	OT		Private Run Home
Admission Priority ☐ Urgent **OR** ☐ Routine **Patient Classification** ☐ Ordinary **OR** ☐ Respite **Admission Type** ☐ Ward Attender **OR** ☐ Inpatient			ST		Special Hospital
			HS		Temporary Address
			HO		Usual Address - Not Nursing Home

If admitted to Andersen Ward was the baby/ies admitted: ☐ Yes ☐ No	Paediatrician:
Name/s of baby/ies:	

Name:	**Date:**	**Time:**
Signature:	**Designation:**	