

**Crisis Resolution and Home Treatment • Triage Service Telephone Screening Tool**

**MENTAL HEALTH ASSESSMENT FORM**

<b>Patient Name:</b>	Simon Cordell		
<b>Date of Birth:</b>	26/01/1981	<b>Number:</b>	11214451
<b>Name of Assessor(s):</b>	Jack Hallett		
<b>Date:</b>	27/11/2015	<b>Time:</b>	

**Factors to be considered when undertaking an initial assessment of a person with a suspected mental health problem:**

- Is the caller or referrer reporting Crisis?
- Is the patient currently known to mental health services?
- Has drug and/or alcohol intoxication been ruled out as a cause?
- If the person has a known mental health history, always check RIO note before undertaking any new assessment for previous risk history?

**ASSESSMENT CATEGORIES**

	YES	NO
<b>1. Background history of the current Crisis</b>		
• Is the person currently aggressive and/or threatening?		No
• Does the person pose an immediate risk to self, you or others?		No
• Does he/she have specific ideas or plans to harm anyone else?		No
• Does the person have any <i>immediate</i> (ie: within the next few minutes or hours) plans to harm self?		No
• Does he/she have a history of violence?		No
• Has the person got a history of self-harm?		No
• Does the person have a history of mental health problems or psychiatric illness?	Yes	
• Does the person appear to be experiencing any delusions or hallucinations?	Yes	
• Does the person feel controlled or influenced by external forces?		No
If yes to any of the above, record details below:		
Told his mother that the TV was talking about him, that voices coming from TV was directed to him. He says people are laughing and talking about him, and accuses people of setting him up		
<b>2. Current Presentation</b>		
• Is the person obviously distressed, markedly anxious or highly aroused?	Yes	
• Is the person behaving inappropriately to the situation?		No
• Is the person quiet and withdrawn?		No
• Is the person attentive and co-operative?		No