

Assessment Sheet

Introduction:	<ul style="list-style-type: none"> • Check patient's full name and preferred name • Client's GP and DOB • Explain my name and role, were calling from and why • Confidentiality • Agenda (What main problem is, questionnaires, how our service may be able to help and signposting to other services) • Time – up to 45 Minutes <p>Client likes to be known as:</p> <p>Consent to contact GP:</p>
Main Problem:	<p>A:</p> <p>B:</p> <p>C:</p> <p>Trigger:</p> <div style="margin-left: 20px;"> <p>Open Questions:</p> <ul style="list-style-type: none"> • What is the main problem you're experiencing? • What goes through your mind when you feel like this? • What physical symptoms do you notice? • What do you do when you feel like this? • What things are you doing more or less of because of this problem? <p>OCD prompt:</p> <ul style="list-style-type: none"> • Do you have recurrent thoughts/images /impulses/rituals you can't easily stop? • Do you try to ignore these or put these out of your mind? <p>Social anxiety:</p> <ul style="list-style-type: none"> • Are you uncomfortable or embarrassed at being the centre of attention? • Do you avoid work/social situations where you fear you will be scrutinised? <p>GAD:</p> <ul style="list-style-type: none"> • Do you worry most of the time about a variety of topics? • Do you worry about worrying? <p>Agoraphobia:</p> <ul style="list-style-type: none"> • Are you afraid of going out of the house, being in crowds or taking public transport? <p>Health anxiety:</p> <ul style="list-style-type: none"> • Are you overly concerned you might have a serious illness that doctors haven't found? </div>

Trigger:		<ul style="list-style-type: none"> • What triggers this problem off on a day to day basis? • When/where/with who is the problem worse?
Current Coping Strategies:		<ul style="list-style-type: none"> • What helps you to cope with this problem? • What do you do to help you feel better?
Traumatic Events:		<p>When asking remind client that we won't ask them to go into detail as this may trigger distressing memories:</p> <ul style="list-style-type: none"> • Have you experienced any traumatic events which you feel are relevant to this problem? • Were you afraid that you or someone else might die? • Have you tried hard not to think about it or went out of your way to avoid reminders of the event? • Do you experience nightmares or flashbacks? <p>Check understanding of flashbacks and offer explanation if required e.g.:</p> <ul style="list-style-type: none"> • 'After experiencing a traumatic event, some people experience distressing memories of this which are easily triggered. These memories can leave them feeling very anxious and as if it's happening again. We call these flashbacks - do you have experiences like this, or nightmares of traumatic events?'

<p>Maintaining Factors</p>		<p>Identify underlying problems such as:</p> <ul style="list-style-type: none"> • Low Self Esteem • Bereavements • Traumatic events • Substance Misuse • Physical Health Problems/Long term conditions • Practical/Social problems e.g. housing problems/refugee status/pending court cases etc • Relationship break down
<p>Risk:</p>	<p>To self: Suicidal thoughts: Plans: Preparations: How: Intent 1-8: Past attempts: Prevention:</p> <p>Self Harm:</p> <p>Risk to others: Risk from others:</p> <p>Neglect of Self: Neglect of dependents:</p> <p>Crisis numbers: Samaritans: 116 123 Other:</p>	<ul style="list-style-type: none"> • I'd like to ask you some questions now about your safety and the safety of others • Normalise: e.g. 'it's quite common that people might have suicidal thoughts when they're feeling low. Have you been having any thoughts about wanting to end your life? <p>Risk to others:</p> <ul style="list-style-type: none"> • Have you ever been involved with the criminal justice system? • If your therapist said something you didn't agree with, would you be able to manage your anger within the session? • How often does this happen? (e.g. if violence to others/throwing objects etc.)
<p>COMPLETE QUESTIONNAIRES</p>		

Impact:	<ul style="list-style-type: none"> • Work: • Social Life: • Hobbies: • Family: 	<ul style="list-style-type: none"> • What impact has this problem had on work/home/your family/your social life?
Additional Information:	<ul style="list-style-type: none"> • Alcohol intake: • Drug use: • Medication: • Other Treatment (Current and Previous): • Previous Mental Health Diagnosis: • Duration of problem: • Why is client seeking help now? • Other social care problems: 	<p>Current Treatment:</p> <ul style="list-style-type: none"> • Are you taking any medication for your mental health? • What are your thoughts on taking medication? • Are you taking it as prescribed? • Is it helping? • Are you currently receiving any treatment from any mental health professional? <p>Previous treatment:</p> <ul style="list-style-type: none"> • Have you ever seen a mental health professional before? • When was this, and what for? • Was previous therapy helpful? • Have you ever used this service before? • Have you ever been given a diagnosis in terms of your mental health? • Have you ever seen a psychiatrist? <p>Practical/Social issues:</p> <ul style="list-style-type: none"> • Are there any practical issues that are bothering you at the moment such as: • Pending court cases • Housing issues • Obtaining refugee status • Long term health conditions

Problem Statement	My main problem is:	<ul style="list-style-type: none"> • It can be really helpful now to make what's called a problem statement. This is a really brief summary of everything we've spoken about so far and helps to provide a focus for treatment. • If I was to say 'My main problem is...', how would you finish that sentence? • What is the key physical symptom/thought/way in which this has affected your behaviour? <p>Summarise main problem and seek clarification:</p> <ul style="list-style-type: none"> • From everything we've spoken about so far, it sounds like the main problem you're experiencing is...' • Is that accurate? • What would you most like to work on?
Goals		<p>Goals:</p> <ul style="list-style-type: none"> • What would you most like to see a change in terms of your day to day life? • How would we know that you felt happy? • What would you be doing differently?
Outcome		<ul style="list-style-type: none"> • If suitable for service: Either to agree with client referral for step 2 (psychoeducational course/LICBT/bibliotherapy) or step 3 (HICBT, Counselling for depression, IPT, workshop/ course etc). • Consider signposting to relevant organisation • If unsure of most suitable treatment: • 'I'd like to discuss with my supervisor what might be the best treatment options to overcome this problem. I will call you back as soon as possible so we can look at those options together'