

Integrated Psychological Assessment

Central State Hospital

Individual's
Name:
AVATAR #:
Date of
Birth/Age:
Gender:
Race:

Date of Admission:

Date of Last Transfer (as applicable):
Date of Continuous Admission (as
applicable):
Legal Status:
Unit/Attending Physician:

PURPOSE FOR EVALUATION:

SOURCES OF INFORMATION:

- 1.
- 2.
- 3.

BACKGROUND INFORMATION:

REVIEW OF PREVIOUS PSYCHOLOGICAL ASSESSMENTS AND OTHER PERTINENT MEDICAL RECORDS:

MENTAL STATUS EXAMINATION:

DIAGNOSTIC IMPRESSIONS:

STRENGTHS/PROTECTIVE FACTORS:

ASSESSMENT WITH THE SHORT-TERM ASSESSMENT OF RISK AND TREATABILITY (START):

Stamp Plate

Social Skills:

Relationships:

Occupational:

Recreational:

Self-Care:

Mental State:

Emotional State:

Substance Use:

Impulse Control:

External Triggers:

Social Support:

Material Resources:

Attitudes:

Medication Adherence:

Rule Adherence:

Conduct:

Insight:

Plans:

Coping:

Treatability:

Case Specific (if indicated):

Critical Risk Factors/Vulnerabilities:

Key Strengths/Protective Factors:

Strength/Risk Formulation Resulting from the START Findings:

COGNITIVE FUNCTIONING:

SUBSTANCE ABUSE STAGE OF CHANGE (IF APPLICABLE):

SUMMARY AND IMPLICATIONS FOR INDIVIDUALIZED RECOVERY PLAN:

- A. Risk and Strength Formulations**

- B. Recommended Therapeutic Modalities and Rehabilitation services**

- C. Intellectual Assessment**

- D. Academic Assessment**

- E. Personality Assessment**

- F. Neuropsychological Assessment**

- G. Malingering Assessment/Parallel Assessment/Observation for Inconsistent Symptomatology (if indicated)**

- H. Behavioral Assessment**

- I. Additional Specific Risk Assessment**

- J. Other Issues**

Signature & Degree of Psychologist	Date	Time	Print Name
		Stamp Plate	