

Initial Mental Health Evaluation (Form MH-1)

Initial Mental Health Evaluation Page – Details Tab

Health Evaluation
Initial Mental Health Evaluation

Associated UAC	A #	Status	Gender	DOB	Current Age
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UAC Basic Information

Admission Date for Most Recent ORR Stay	Admission Age for Most Recent ORR Stay	Discharge Date for Most Recent ORR Stay	LOC	COB
Current Program	Most Recent Program Admission Date/Time	LOS	Other Gender	AKA

Details Initial Mental Health Evalu...

Initial Mental Health Summary

Program Name at the Time of Exam	
Mental Health Evaluation Status	Due Date
Name of Clinician	Date Completed
Recommendation	

Mental Status Evaluation

Attitude	Behavior
Speech	Affect
Mood	Thought Process
Thought Content	Perception
Orientation	Insight/Judgement
Talked about an emotional problem?	Please describe
Needs help for emotional problems?	Please describe
Taken medication for emotional problem?	Visiting Nursing Services Required
ER/Hospitalized for psychiatric reason?	Please describe
Heard voices/seen objects others cannot?	Please describe
Depressed/thought about killing self?	Please describe
Did you ever attempt to kill yourself?	When
Nightmares about traumatic events?	Please describe
Aggressive impulses which harm others?	Please describe

Suicidal/Homicidal Risk Assessment

Suicidal Ideation	Plan
Intent	Means
Wished you could sleep and not wake up?	Any actual thoughts of killing yourself?
Thoughts about how to kill yourself?	Intent on taking action on thoughts?
Intent on carrying to kill yourself?	Prepared to take action to kill self?
Was this within the past 3 months?	Homicidal Ideation
Plan	Intent

Substance Use History

Substance Use History Collected in IME?	
Alcohol	Other Opiates (Oxycodone, Morphine, etc)
Specify Substance(s)	Specify Substance(s)
Frequency of Use	Frequency of Use
Date Last Used	Timeframe Last Used
Marijuana	Tobacco/ Nicotine
Frequency of Use	Specify Substance(s)
Date Last Used	Frequency of Use
Heroin	Date Last Used
Frequency of Use	Injection Drugs
Timeframe Last Used	Frequency of Use
Cocaine	Specify Substance(s)
Frequency of Use	Date Last Used
Timeframe Last Used	Other Substances
Other Stimulants (Meth, Ritalin, etc.)	Specify Substance(s)
Specify Substance(s)	Frequency of Use
Frequency of Use	Date Last Used
Timeframe Last Used	

System Information

Created By	Last Modified By
Health Evaluation ID	Associated UAC

OMB 0970-#### [valid through MM/DD/YYYY]

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to document and assess the UAC's current mental state, psychiatric history, and substance use history upon admission to ORR custody. Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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Details **Initial Mental Health Eval...**

Initial Mental Health Summary

Program Name at the Time of Exam		
Mental Health Evaluation Status		Due Date
Name of Clinician		Date Completed
Recommendation		

Mental Status Evaluation

* Attitude

Available Options	Selected Options
Calm	
Cooperative	
Uncooperative	
Friendly	
Hostile	
Agitated	
Relaxed	
Withdrawn	

* Behavior

Available Options	Selected Options
Within Normal Limits	
Slow	
Lethargic	
Fidgety	

* Speech

Select an Option

* Affect

Available Options	Selected Options
Anxious	
Sad	
Angry	
Euphoric	
Flat	
Tearful	
Congruent	
Constricted	

* Mood

Available Options	Selected Options
Euthymic	
Tranquil	
Irritable	
Anxious	
Depressed	

* Thought Process

Available Options	Selected Options
Goal-Directed	
Logical	
Disorganized	
Circumstantial	
Tangential	

* Thought Content

Available Options	Selected Options
Future-Oriented	
Rumination	
Obsessions	
Compulsions	
Phobias	
Pre-Occupied	
Paranoia	

* Perception

Available Options	Selected Options
None	

- Delusion
- Hallucination
- Depersonalization
- Disassociation

*** Orientation**

Available Options

- Time
- Place
- Person
- Situation

Selected Options

*** Insight/Judgement**

Select an Option

*** Have you ever talked to a psychiatrist, psychologist, therapist, social worker or counselor about an emotional problem?**

Select an Option

*** Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?**

Select an Option

*** Have you ever been advised to take medication for any emotional problems or behavioral health issues?**

Select an Option

*** Have you ever been seen in an emergency room or been hospitalized for psychiatric reasons?**

Select an Option

*** Have you ever heard voices that no one else seem to hear or seen objects or things that others did not seem to see?**

Select an Option

*** Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions or thought about killing yourself?**

Select an Option

*** Did you ever attempt to kill yourself?**

Select an Option

*** Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, murder, accident, being killed.**

Select an Option

*** Have you ever given in to an aggressive urge or impulse on more than one occasion that resulted in serious harm to others or led to the destruction of property?**

Select an Option

Save

Suicidal/Homicidal Risk Assessment

*** Suicidal Ideation**

Select an Option

*** Plan**

Select an Option

*** Intent**

Select an Option

*** Means**

Select an Option

*** Homicidal Ideation**

Select an Option

*** Plan**

Select an Option

*** Intent**

Select an Option

*** Means**

Select an Option

Save

Substance Use History

*** Was Substance Use History Collected During IME?**

Select an Option

Save

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