

This sample PRP Assessment was created using the ICANotes Behavioral Health EHR. **The only words typed by the clinician are highlighted in yellow.** Visit <https://www.ICANotes.com> for a free trial or demo.

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**Complete Evaluation / PRP Services Assessment
Counselor**

Doe, Jane

ID: 1000010699914

DOB: 8/18/1965

PRP INITIAL ASSESSMENT:

Initial Screening:

Date: 8/18/2022
Service Code: 0001
Place of Service: 0002
Start Time: 0830
End Time: 1000
Service Units Used: 1 Unit

Guardian Information:

Consumer - Guardian Name: John Doe
Guardian Phone Number: 555-123-4567
Guardian Address: 321 West Smith Street, Annapolis MD, 21401

Referral Source Information:

Name of Referring Licensed Professional and Credentials: Joanna Midland, Psychiatrist
Referrer Email Address: drjoanna@icanotes.com
Name of Affiliated Agency: Sunshine Counseling Services
Affiliated Agency Phone Number: 555-654-3210

Primary Diagnosis:

F33.2 Major Depressive Disorder, Recurrent, Severe Without Psychotic Features

Social Elements Impacting Diagnosis:

Co-morbidity present
Inadequate financial resources
Lack of a social support system
Not motivated for treatment

Presenting Symptoms:

Depressive Symptoms:

- Anergia
- Anhedonia
- Trouble concentrating
- Crying spells
- Fatigue
- Excessive worrying
- Sleep problems

Reasons for Referral:

Treatment Compliance: Jane needs guidance and monitoring to support compliance with treatment.
Independent Living Skills: Jane needs to develop skills and knowledge for independent living.

Referral - Verbal Approval:

Referral - Verbal Approval from Therapist to refer identified client for Psychiatric Rehabilitation services secured? Yes

Referral - Supporting Documentation:

Referral - Is there documentation to verify this diagnosis? Yes

Medical Problems:

Asthma
Hypothyroidism

Does the Consumer have a co-occurring PMHS psychiatric illness?

No

Is the Consumer currently prescribed/taking any medications?

Yes

Medication Name: Divalproex Sodium

Dosage: 500mg
Medication Frequency: Twice per Day
Taken as Prescribed: Yes

Medication Name: Clonazepam

Dosage: 1mg
Medication Frequency: Every Night
Taken as Prescribed: Yes

Medication Name: Trazodone

Dosage: 200mg
Medication Frequency: Every Night
Taken as Prescribed: Yes

Program Qualifications:

Does the consumer meet the diagnostic criteria & functional limitations of the priority population? Yes

Does the Consumer's impairment result in an inability to manage the effects of his/her mental illness? Yes

Is there evidence that the Consumer has significant psychological or social impairments, such as inappropriate social behavior that causes serious problems with peer relationships and/or family? Yes

Does the Consumer have a clinical condition that requires an integrated program of rehabilitation services to develop and restore independent living skills to support the individual's recovery? Yes

Is there enough clinical evidence that the Consumer's current intensity of outpatient treatment will not be sufficient to reduce the Consumer's symptoms and functional behavioral impairment? Yes

Is there enough clinical evidence that PRP services will help restore the Consumer to an appropriate functional level and prevent clinical deterioration? Yes

Does the Consumer have an impairment or functional behavior that can reasonably be expected to improve or be maintained by PRP services? Yes

Does the Consumer need assistance with basic living skills? Yes

Does the Consumer have any concerns with his/her living situation or properties? Yes

Is the Consumer able to procure financial assistance to support living in the community? Yes

Does the Consumer live in a safe and sanitary environment? Yes

Is the Consumer at risk, due to dysfunction, for requiring a higher level of care? Yes

Does the Consumer meet the identified criteria to be deemed eligible and appropriate for PRP services? Yes

Entitlement Assessment:

Which entitlements does the Consumer currently receive?

- SSI
- Food Stamps

Which entitlements would the Consumer like to pursue or is currently pursuing eligibility consideration for?

- Housing Assistance

Life Goals, Strengths, and Barriers:

Current goals and/or expectations of PRP:

"I want to get better."

Strengths & Abilities (skills, talents, interests, protective factors):

Has religious beliefs and is able to utilize community supports.

Barriers to Success:

Not motivated or committed

PAST PSYCHIATRIC HISTORY:

Outpatient Treatment:

Jane received outpatient mental health treatment for depression. This occurred when she was in her 20's.

SOCIAL/DEVELOPMENTAL HISTORY:

Jane is a 57-year-old woman.

Abuse/Neglect:

Jane was physically abused. This occurred in early childhood. The abuse and/or neglect continued through adolescence. The offender was the father. Scars are visible. She is fearful and depressed, presumably as a consequence of the abuse and/or neglect.

Coping Strengths:

Spiritual:

*Religious Beliefs are a Strength

Community:

*Church is Supportive

*Community is Supportive

Gestational and Developmental Histories:

Jane's gestational and developmental histories were normal.

FAMILY HISTORY:

Father attempted suicide by overdose.
Mother known to have bipolar disorder.
Sister thought to have schizophrenia.

MEDICAL HISTORY:

Adverse Drug Reactions and Allergies: List of Adverse Drug Reactions and/or Allergies:

ADRs:

- (1) ADR - Ampicillin: Irregular Heart Rate, Hives, Rash, Itching (recorded on 8/18/2022)
- (2) ADR- Latex: Wheezing, Hives (recorded on 8/18/2022)

Current Medical Diagnoses:

Endocrine/Metabolic:

- *Hypothyroidism

Pulmonary

- *Asthma

EXAM: Jane appears sad looking, distracted, disheveled, and tense. She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Signs of moderate depression are present. Demeanor is sad. She is tearful. Thought content is depressed. Suicidal ideas are denied. Her affect is labile. Associations are intact and logical. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. Homicidal ideas or intentions are denied. Cognitive functioning and fund of knowledge are intact and age appropriate. Short- and long-term memory are intact, as is ability to abstract and do arithmetic calculations. This patient is fully oriented. Vocabulary and fund of knowledge indicate cognitive functioning in the normal range. Insight into problems appears fair. Judgment appears fair. There are signs of anxiety. She is easily distracted. Jane made poor eye contact during the examination.

DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

- Major depressive disorder, recurrent severe without psychotic features (Active)
- Mild persistent asthma, uncomplicated (Active)
- Hypothyroidism, unspecified (Active)

THERAPY CONTENT/CLINICAL SUMMARY:

The patient today spoke mainly about issues involving coping with depression. Feelings of low self esteem were discussed.

INSTRUCTIONS / RECOMMENDATIONS / PLAN:

Cognitive Therapy: twice weekly
Continue PRP Services

Twyla Orr, LCSW

Electronically Signed

By: Twyla Orr, LCSW

On: 8/18/2022 11:57:08 AM