

THE CENTER FOR DRUG-FREE LIVING, INC.
Brief Behavioral Health Status Exam (1091)

CLIENT NAME:

NUMBER:

Start Time: End Time:

Purpose of Exam: Evaluate Clinical Necessity Evaluate Service Needs

Setting: Residential Outpatient Detox Other:

APPEARANCE: Clean Neat Unkempt Disheveled Other:

Looks Stated Age: Yes No Younger Older

EYE CONTACT: Appropriate Inappropriate

ORIENTATION: **X 4:** Time Place Person Situation

MEMORY: Normal Limits Deficient: Immediate Recent Remote
 Other:

ATTENTION: Adequate Inadequate

PERCEPTION: Adequate Inadequate

MOTOR ACTIVITY: Normal Slowed Restless Agitated

COGNITIVE PERFORMANCE: Normal Limits Poor memory Low self-awareness
 Short attention Developmental disability
 Poor concentration Impaired judgement
 Slow processing

THOUGHT PROCESS: Normal limits Illogical Delusional
 Hallucinating (visual, auditory, tactile)
 Paranoid Ruminative Intact Derailed thinking
 Loose association Anti-psychotic medication

DANGER TO OTHERS: Does not appear dangerous to others Violent temper
 Threatens others Physical abuser Hostile Assaultive
 Homicidal ideation Homicidal threats Homicide attempt

DANGER TO SELF: Does not appear dangerous to self Suicidal ideation
 Current plan/means Recent attempt Past attempt
 Self-injury Self-mutilation

SENSORY DEFICITS: None or Speech Hearing Vision

