

HELEN MAYO HOUSE

Referred Client Update Form

HELEN MAYO HOUSE
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Date: _____

Client Name: _____ *Client Contact: (ph)* _____ *(m)* _____

Referrer Name: _____ *Referrer Contact: (ph)* _____ *(m)* _____

Updated Information

Progress Report:

(Please describe any change in the client's mental state, crisis situation and/or your reason(s) for concern)

Risk Assessment:

Circle the relevant box for each domain. (Please refer over page for explanation of categories)

* RISK OF HARM TO SELF	None	Low	Moderate	Significant	Extreme
*RISK OF HARM TO OTHERS (INCLUDING INFANT)	None	Low	Moderate	Significant	Extreme
* LEVEL OF PROBLEM WITH FUNCTIONING	None/Mild	Moderate	Significant Impairment in one area	Serious Impairment in several areas	Extreme Impairment
*LEVEL OF SUPPORT AVAILABLE	No problems /Highly Supportive	Moderately Supportive	Limited Support	Minimal	No support in all areas.
* ATTITUDE AND ENGAGEMENT TO TREATMENT	No Problem/ Very Constructive	Moderate Response	Poor Engagement	Minimal Response	No Response
* OVERALL ASSESSMENT OF RISK	LOW	MEDIUM	HIGH	EXTREME	

RISK ASSESSMENT GUIDE

RISK OF HARM TO SELF/OTHERS

0. None (no thoughts or action of harm).	1. Low (Fleeting thoughts of harming themselves or harming others but no plans/current low alcohol or drug use).	2. Moderate (current thoughts/distress/past actions without intent or plans/moderate alcohol or drug use).	3. Significant (current thoughts/past impulsive actions/recent impulsivity/some plans, but not well developed/increased alcohol or drug use).	4. Extreme (Current thoughts with expressed intentions/past history/plans/ unstable mental illness/ high alcohol or drug use, intoxicated/violent to self/others/ means at hand for harm to self/others).
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LEVEL OF PROBLEM WITH FUNCTIONING

0. None/Mild (No more than everyday problems/slight impairment when distressed).	1. Moderate (Moderate difficulty in social/occupational or school functioning/reduced ability to cope unassisted).	2. Significant Impairment in one area (either social, occupational or school functioning).	3. Serious Impairment in several areas (Social, occupational or school functioning).	4. Extreme Impairment (inability to function in almost all areas).
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LEVEL OF SUPPORT AVAILABLE

0. No problems/Highly Supportive (all aspects/most aspects highly supportive/self/ family/professional/ effective involvement).	1. Moderately Supportive (Variety of support available, able to help in times of need).	2. Limited Support (few sources of help, support system has incomplete ability to participate in treatment).	3. Minimal (few sources of support and not motivated)	4. No support in all areas.
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ATTITUDE AND ENGAGEMENT TO TREATMENT

0. No Problem/ Very Constructive (Accepts illness and agrees with treatment/new client)	1. Moderate Response (Variable/ ambivalent response to treatment).	2. Poor Engagement (Rarely accepts diagnosis).	3. Minimal Response (Client never cooperates willingly).	4. No Response (Client has only been able to be treated in an involuntary capacity).
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