

Patient ID: _____

Clinic: _____

Date: ____/____/____

QUARTERLY CLINICAL REVIEW

Date of clinical review (mm/dd/yyyy):							
Work and School Function							
Over the past 3 months about how many <u>weeks</u> did your client <u>work</u> (for pay)?				0	1-4	5-8	8+
If your client did work, about how many <u>hours</u> was your client working <u>each week</u> ?				1-10	11-20	21-30	30+
Over the past 3 months about how many <u>weeks</u> was your client in <u>school</u> ?				0	1-4	5-8	8+
If in school, how many <u>hours per week</u> did your client spend doing school activities (include time in school, homework, school clubs/sports, etc.)?				1-10	11-20	21-30	30+
Highest level of education:	<input type="radio"/> Still in high school	<input type="radio"/> Did not complete high school	<input type="radio"/> GED/high school degree	<input type="radio"/> Some college or advanced training	<input type="radio"/> Community college degree or licensure	<input type="radio"/> University degree	
Social							
Global Functioning: Social (GF:Social) score*					(Numeric, ranging from 1-10.)		
Over the past three months the client has mostly been living:	<input type="radio"/> In own home/dorm/apartment	<input type="radio"/> With family	<input type="radio"/> In a supervised setting (e.g., group home)	<input type="radio"/> In a shelter	<input type="radio"/> On the street/ couch surfing	<input type="radio"/> Other	
Psychosis Symptoms							
For each month in the past quarter, please rate the symptom level the client experienced most of the time *:							
Month one:							
Month two:							
Month three:							
Resource Utilization							
In the past 6 prior to program admission months the client has:							
visited a crisis center or emergency department	<input type="radio"/> Yes <input type="radio"/> No						
been admitted to a hospital for mental health reasons	<input type="radio"/> Yes <input type="radio"/> No						
received disability insurance or benefits (SSDI, SSI, employer)	<input type="radio"/> Yes <input type="radio"/> No						
been under probation, parole, or court supervision	<input type="radio"/> Yes <input type="radio"/> No						
been arrested/jailed for any reason (# of times):	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> >5						
Service Utilization							
In the past 3 months, has the client:							
Been seen by a medical provider for medical management?	<input type="radio"/> Yes <input type="radio"/> No						
Been prescribed medication by the medical provider?	<input type="radio"/> Yes <input type="radio"/> No						
(If yes prescribed medication) Which kind of medication(s) is prescribed?	<input type="checkbox"/> Antipsychotic <input type="checkbox"/> Mood stabilizer <input type="checkbox"/> Antidepressant <input type="checkbox"/> Other: _____						
(If not prescribed medication) Why is the client not prescribed a medication?							

Symptom Ratings**Severity Rating Anchors:**

1 = normal, no symptoms at all

2 = borderline/questionable (may hear name being called occasionally)

3 = mild symptoms (still hears voice a few times a week but very quiet and easy to ignore; very mild strange beliefs held with some doubt; some occasional tangential speech that is possible to follow)

4 = moderate (hears a voice with daily frequency; several bizarre beliefs or fears that interfere somewhat with functioning; thought processes that are disorganized and difficult to follow)

5 = marked (frequent hallucinations or delusions that predominate the person's thinking or behavior; disorganization in thought or action that would be clearly noticeable to a stranger)

6 = severe (behavior is almost constantly impacted by hallucinations or delusions; unable to engage in normal role or social functioning because of symptoms)

7 = among the worst (so many symptoms that the person is among the most severely ill of the program)

***GLOBAL FUNCTIONING SOCIAL SCALE (GF:SOCIAL)**

Note: The emphasis is on social contact/interactions with people other than family members, unless these are the only interpersonal contacts a person has (e.g., the lower end of the scale). Also note that ratings of intimate relationships are secondary to the rating of primary friendships and should consider the age of the individual. For example, older individuals may be expected to have intimate relationships involving steady dating, cohabitation, or marriage whereas younger individuals may be expected to have only romantic interests (i.e., flirtations or crushes) or close friendships.

SUPERIOR SOCIAL/INTERPERSONAL FUNCTIONING

Criteria:	Superior functioning in a wide range of social and interpersonal activities.
10	Frequently seeks out others and has multiple satisfying interpersonal relationships, including multiple close and casual friends. Is sought out by others because of his or her many positive qualities. Age-appropriate involvement in intimate relationships.

ABOVE AVERAGE SOCIAL/INTERPERSONAL FUNCTIONING

Criteria:	Good functioning in all social areas, and interpersonally effective.
9	Interested and involved in a wide range of social and interpersonal activities, including both close and casual friends. Age-appropriate involvement in intimate relationships. No more than everyday interpersonal problems or concerns (e.g., an occasional argument with spouse, girlfriend/boyfriend, friends, co-workers, or classmates). Able to resolve such conflicts appropriately.

GOOD SOCIAL/INTERPERSONAL FUNCTIONING

Criteria:	Some transient mild impairment in social functioning.
8	Mild social impairment is present, but transient and expectable reactions to psychosocial stressors (e.g., after minor arguments with spouse, girlfriend/boyfriend, friends, co-workers, or classmates). Has some meaningful interpersonal relationships with peers (casual and close friends), and/or age-appropriate intimate relationships. Infrequent interpersonal conflict with peers.

MILD PROBLEMS IN SOCIAL/INTERPERSONAL FUNCTIONING

Criteria:	Some persistent mild difficulty in social functioning.
7	Mild impairment present that is NOT just expectable reaction to psychosocial stressors (e.g., mild conflicts with peers, co-workers, or classmates; difficulty resolving conflicts appropriately). Has some meaningful interpersonal relationships with peers (casual and/or close friends). Some difficulty developing or maintaining age-appropriate intimate relationships (e.g., multiple short-term relationships).

MODERATE IMPAIRMENT IN SOCIAL/INTERPERSONAL FUNCTIONING

Criteria:	Moderate impairment in social functioning.
6	Moderate impairment present (e.g., few close friends; significant but intermittent conflicts with peers, co-workers, or classmates). Moderate difficulty developing age-appropriate intimate relationships (e.g., infrequent dating). Occasionally seeks out others but will respond if invited by others to participate in an activity.

SERIOUS IMPAIRMENT IN SOCIAL/INTERPERSONAL FUNCTIONING

Criteria:	Serious impairment in social functioning.
5	No close friends or intimate partner, but has some casual social contacts (e.g., acquaintances, school/work friends only). Rarely seeks out others. Occasional combative or verbally argumentative behavior with peers. Beginning to withdraw from family members (e.g., doesn't initiate conversation with family, but will respond if addressed).

MAJOR IMPAIRMENT IN SOCIAL AND INTERPERSONAL FUNCTIONING

Criteria:	Major impairment in social functioning.
4	Serious impairment in relationships with friends or peers (e.g., very few or no friends, frequent conflicts with friends, or frequently avoids friends). Frequent combative or verbally argumentative behavior with peers. Infrequent contact with family members (e.g., sometimes does not respond to family or avoids family members).

MARGINAL ABILITY TO FUNCTION SOCIALLY

Criteria:	Marginal ability to function socially or maintain interpersonal relationships.
3	Frequently alone and socially isolated. Serious impairment in relationships with all peers, including acquaintances. Few interactions with family members (e.g., often alone in room). Serious impairment in communication with others (e.g., avoids participating in most social activities).

INABILITY TO FUNCTION SOCIALLY

Criteria:	Unable to function socially or to maintain any interpersonal relationships.
2	Typically alone and socially isolated. Rarely leaves home. Rarely answers the phone or the door. Rarely participates in interactions with others at home or in other settings (e.g. work, school).

EXTREME SOCIAL ISOLATION

Criteria:	Extreme social isolation.
1	No social or family member contact at all. Doesn't leave home. Refuses to answer the phone or door.