

Housing Resource Center (HRC)

198 East 121st Street, 6th Floor

New York, NY 10035

T (212) 801-3300

F (212) 635-2183

WWW.CUCS.ORG

SUGGESTED OUTLINE FOR THE HRA 2010e PSYCHIATRIC SUMMARY

Below is an outline of the information that should be included in a separate, preferably narrative, psychiatric evaluation. All evaluations must be on agency, program or practitioner letterhead, signed and dated by the treating psychiatrist or psychiatric nurse practitioner and should reflect the information from the most recent psychiatric assessment.

I. IDENTIFYING DATA

Include applicant's name, demographic information (including date of birth) and a brief description of the individual's physical characteristics/appearance.

II. CURRENT PSYCHIATRIC AND SUBSTANCE USE TREATMENT

If currently hospitalized, reason for admission; clinical course, clean time. Specify and describe any functional impairment.

III. PSYCHIATRIC, SUBSTANCE USE AND TREATMENT HISTORY

Include onset of illness, in- and outpatient treatment, history of suicidal/homicidal behavior or ideation, violence, criminal activity and substance use.

IV. MENTAL STATUS EXAM

Describe in detail applicant's current mental status; include the areas listed below:

- | | |
|-----------------|---|
| A. Appearance | H. Perception |
| B. Orientation | I. Suicidal/Homicidal
(Ideation & Potential) |
| C. Speech | J. Judgment |
| D. Affect | K. Insight |
| E. Memory | L. Impulse Control |
| F. Intelligence | |
| G. Cognition | |

V. CLINICALLY SIGNIFICANT DIAGNOSES OUTLINED BY THE DSM-IV-TR OR DSM-5

List all Clinical Disorders and Other Conditions (psychiatric and medical diagnoses as well as clinically relevant psychosocial and environmental problems) that may be a focus of Clinical attention.

VI. CURRENT MEDICATION REGIMEN (INCLUDING COMPLIANCE)

VII. SUMMARY AND CLINICAL RECOMMENDATIONS FOR ONGOING TREATMENT

VIII. PSYCHIATRIST'S OR PSYCHIATRIC NURSE PRACTITIONER'S SIGNATURE*, PRINTED NAME, NYS LICENSE NUMBER DATE AND TELEPHONE NUMBER

**FOR PSYCHIATRIC EVALUATIONS COMPLETED BY PSYCHIATRIC NURSE PRACTITIONERS, PLEASE INCLUDE THE NAME AND NYS LICENSE NUMBER OF THE SUPERVISING MD.*

Do not submit this form as a psychiatric evaluation

Prepare a separate psychiatric summary.