



CAMHS Inpatient Psychiatric Assessment

Patient Details	
Name:	
Address:	
Date of Birth:	
Date of assessment:	
Time of Assessment:	

Parent(s)/Guardian(s) Details	
Name:	Address:
Contact No.:	

Name:	Address:
Contact No.:	

Please select if the following have been discussed and/or obtained	
Consent forms signed by parent/guardian	Yes No, if No give details:
Introduction to CAMHS and explanation of assessment process	Yes No, if No give details:
Limits of confidentiality – including risk and child protection (Children's First)	Yes No, if No give details:
Compliments/complaints procedure	Yes No, if No give details:
Attendance Policy	Yes No, if No give details:
Data Protection explained	Yes No, if No give details:

Professional help/Intervention received to date

Please list any professionals or services currently or previously involved with the child/young person and/or family (e.g. TUSLA, GP, Barnardos, school support, NEPS, psychologist, social work, SLT, OT, CDNT, private therapy).

[illegible]

Referred Concern	Response
1. The current situation in the country is very difficult and we need more support from the international community.	The international community has been providing significant support to the government and the people of the country. We will continue to work closely with them to address the challenges we are facing.
2. There have been reports of human rights violations and we need to ensure accountability.	We are committed to upholding human rights and ensuring accountability. We have established independent bodies to investigate and report on human rights violations.
3. The economy is struggling and we need to implement reforms to improve it.	We are implementing economic reforms to attract investment, create jobs, and improve the standard of living. We are also working to stabilize the currency and control inflation.
4. There is a lack of transparency in government spending and we need to increase accountability.	We are increasing transparency in government spending by publishing detailed financial statements and allowing citizens to track government expenditure.
5. There is a need for better governance and we need to strengthen institutions.	We are strengthening our institutions by improving the judicial system, enhancing the independence of the media, and promoting good governance practices.

Goals of Referral Agent
1. Identify the client's needs and goals. 2. Assess the client's financial situation. 3. Develop a referral plan. 4. Communicate with the client and the referral agent. 5. Monitor the client's progress.

Presenting problems including History of young person – onset of symptoms over time, current symptoms and impact on functioning, features of presenting difficulties, i.e. mood disorder, anxiety disorder, psychosis, eating disorder etc.

Review of co-morbid health difficulties

Referrers Risk Assessment – self-harm, aggression, risk-taking behaviours, abuse, etc

Young persons understanding of difficulties and goals/expectations of inpatient treatment

Presenting problem continued: Young Person**Presenting Problem (incl. history of): Collateral History – parents/guardians/other(cont.)****Previous Psychiatric History****Drugs, Alcohol and Forensic TX****Medical History: (include medical conditions and treatment; and all current medications, allergies)**

Young person's personal and developmental history: (pregnancy, delivery, milestones, temperament, attachments, life events, schooling, relationships, social activities and hobbies.)

Educational history: (Preschool, primary, post primary. Current school year, level of functioning – academics and peers, history of bullying, and changes in performance of attendance.)

Family History/ Genogram

Family/Household Composition

Detail	Age	Occupation/School
Parent/Guardian		
Parent/Guardian		
Siblings		
Others living in the home		

Current Family Stressors/Relationships between family members**Mental State Assessment**

(Including appearance, behaviour, eye contact, rapport, mood, affect, thoughts and perceptions, cognition, judgement and insight.)

Risk Assessment: (Please tick if relevant and detail below)

DSH Suicide

D&A

Forensic

Neglect

Abuse

Other

Details:

Provisional Multi-Axial Classification ICD code
AXIS I:
AXIS II:
AXIS III:
AXIS IV:
AXIS V:
AXIS VI:
Intake Summary/Formulation
Intake Management plan

Medication on admission	
Admitting Clinician:	Admitting Consultant:
Name:	Name:
Signature:	Signature:
IMC:	IMC:
Date:	Date: