

Appendix 19b ■ Psychological Functioning

Client Name		MSSP #	
Assessment Date		Staff Code	
	Evidence of Problem? (Circle)	Comments/Describe:	
Memory	None Some Severe		
Orientation	None Some Severe		
Judgment	None Some Severe		
Anxiety	None Some Severe		
Combative, Abusive, or Hostile Behavior	None Some Severe		
Depression	None Some Severe		
Delusions, Hallucinations	None Some Severe		
Paranoid Thinking, Suspiciousness	None Some Severe		
Wandering	None Some Severe		
Suicidal	None Some Severe		
Other	None Some Severe		
Adaptive/Coping Skills:			
Other notes (optional)			
Any indications observed of abuse, neglect, or exploitation?			
Comments/Describe:			
Who provided assessment information:			
How reliable is this source?			
Staff Signature/Date		Print Name	