

Housing Resource Center (HRC)

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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 a licensed psychiatrist, licensed psychologist, licensed psychiatric nurse practitioner, or a licensed clinical social worker 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. **Licensed Psychiatrist, licensed Psychologist, licensed Clinical Social Worker or licensed Psychiatric Nurse Practitioner's Signature, Printed Name, NYS License Number Date and Telephone Number**

Do not submit this form as a psychiatric evaluation

Prepare a separate psychiatric summary.