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| **INSTRUCTION**: This data sheet is to be completed for each patient with a mental health diagnosis, and should be processed in line with instructions for HMIS (or other routine information system). |

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| **DIAGNOSIS, SEVERITY & FUNCTIONING** |
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| 1a. **Mental health diagnosis.** Circle the disorders that in your clinical judgment, the patient is suffering from, or circle the disorder for which the patient is currently under treatment. |
|  | **1** | Depression | **4** | Epilepsy | **0** |  |
|  |
|  | **2** | Alcohol Use Disorder | **5** | Other (specify in box below) | **0** |  |
|  |
|  | **3** | Psychosis (including schizophrenia, manic depression/bipolar) |  |
|  |  |  |  |
| 1b. **Specify exact diagnosis/substance used** |
| 1c. **Clinical Global Impression Severity (CGI-S).** Considering your total clinical experience with this particular population, how mentally ill is the patient at this time? Complete for all patients*.* |
|  |
|  | *Normal, not at all ill* | *Borderline mentally ill* | *Mildly ill* | *Moderately ill* | *Markedly ill* | *Severely ill* | *Among the most extremely ill* |  |
|  |  |
|  |  | **1** |  |  | **2** |  |  | **3** |  |  | **4** |  |  | **5** |  |  | **6** |  |  | **7** |  |  |  |
| 1d. **Assessment Functioning Scale** |
| In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of the health condition? |  |  |  |  |
| **TREATMENT** |
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| 2a. **Interventions administered by clinician or aide.** Circle all that apply or “none.” | 2b. **Referred for other services.** Circle all that apply or “none.” |
|  | **1** | Medication: specify |  |  | **1** | Other medical services |
|  |
|  | **2** | Psychoeducation |  | **2** | Psychiatrist |
|  |
|  | **3** | Psychosocial support |  | **3** | Other non-medical services |
|  |
|  | **4** | Other: Specify |  |  | **X** | Others |  |
|  |
|  | **5** | None |  | **5** | None |
|  |
| **Follow-up**  | **COST** |
|  |  |
| 3. **Treatment follow-up**. Circle the option that indicates whether this was intake or (un)scheduled follow-up consultation. | **4a. Payment for consultation.** What does the patient need to pay for today’s consultation? [medical care only; do not include travel costs] |
|  | **1** | First consultation |  | **1** | All of the costs: consultation + any medication, tests |
| 2 |  |
|  | **2** | Scheduled appointment |  | **2** | Some of the costs: e.g. co-payment/ fee, medication |
|  |  |
|  | **3** | Unscheduled: no appointment given |  | **3** | None of the costs: free at the point of use |
|  |  |
|  | **4** | Unscheduled: return after period of default | 4b. **Out of pocket costs.** If answer to 4a was ‘1’ or ‘2’, please indicate how much is to be paid: |
|  |
|  | **5** | Unscheduled: forgot appointment |  |  |