



Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Date of assessment(s):

Date of report:

Presenting problem(s)

Prompts: Precipitants, history and duration of current problems; current symptoms; current stressors e.g., financial, relationship, workplace; member's perspective on their main issues, needs and treatment goals; member's willingness to engage in treatment.

History of presenting problem(s)

Prompts:

- Specific symptoms and duration, relationships between onset or exacerbation and stressors
- May wish to limit detail(s) of traumatic event history or detail of precipitating traumatic event (if present) at initial assessment



Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Current and previous treatment

Prompts: Current and previous treatment providers; Type/focus of treatment (psychiatric/psychological – evidence-based?); length of treatment; perceived usefulness of current treatment; current psychotropic medication/s – doses, durations and compliance, if diagnoses made – when and by whom?

Health history

Prompts: Current medications; known allergies; history of major illnesses/surgery/injuries; current medical conditions (including pain); changes in behaviour (exercise, diet, sex drive, sleep) following the traumatic event(s); history of head injury, loss of consciousness or seizures; difficulties with memory, attention, speech, language



Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Addictive behaviours

Prompts: Current alcohol use; use of prescribed and over-the-counter medication; smoking; caffeine; gambling; history of addictive behaviours, if current behaviour of concern. ** Note that operational police members are unlikely to disclose recreational/illicit drug use.

Developmental and family history

Prompts: Family of origin; cultural background; family history of psychiatric illness; relationships with siblings and parents; family functioning (including response to member's current issues); developmental history, including traumatic exposures.



Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Personal history

Prompts: Education history; prior vocations/training (including member's policing career); relationship history (including current relationship functioning); children (age, gender, concerns); current social supports; current activity level and routine – exercise, engagement with local community

Mental state examination

Appearance, attitude and behaviour

Mood, affect

Speech



Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Thought form/content

--

Perception

--

Cognition

--

Insight and judgement

--

Risk assessment

Prompts: Complete the full Clinical Risk Assessment and Management Plan and include the relevant risk factors and follow-up action plan here.

--

Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Core outcome measure results

--

Diagnosis

	Posttraumatic Stress Disorder		Panic Disorder
	Acute Stress Disorder		Obsessive Compulsive Disorder
	Adjustment Disorder		Alcohol Use Disorder
	Depression		Acute Pain condition
	Social Anxiety		Chronic Pain condition
	Generalised Anxiety		Other (e.g. other MH Dx, subclinical presentation, criteria not yet met)
	Agoraphobia		

	Mild		Moderate		Severe
--	------	--	----------	--	--------

Case formulation

Hypothesis of causes for current presentation and treatment recommendations, including acknowledgement of the individual's strengths and potential barriers to recovery.

Presenting problems

--



Assessment & Case Formulation

CONFIDENTIAL

Name:

Halaxy ID:

Date of birth:

Predisposing factors

Precipitating factors


Perpetuating factors

Predictive factors

Outcome of clinical assessment

Suitable for BlueHub treatment

Unsuitable for BlueHub treatment

 Assessment & Case Formulation	CONFIDENTIAL
	Name: Halaxy ID: Date of birth:

Details of clinician conducting assessment

Name:									
Role/Designation:									
Phone:			Email:						
Other information:									
Clinician signature:			Date:						
Assessment and case formulation provided to (all optional):									
	GB/Comcare		VicPol/AFP IMO		GP		Client		Other (supply below):

Please note, the *Assessment Summary Letter* and *Treatment Plan* are required to be sent to VicPol/AFP IMO and WorkCover Agent.