

**Pre-Admission Screening / Resident Review
PSYCHIATRIC EVALUATION PART II
SERIOUS MENTAL ILLNESS (SMI) CRITERIA**

(Last Name) (First Name) (Middle Initial) _____/_____/_____
(Birthdate)

An individual is considered to have a serious mental illness (SMI) if the individual meets the following requirements on diagnosis, level of impairment, and duration of illness:

1. DIAGNOSIS

The patient has a possible diagnosis within the following DSM-III-R disorders: "a schizophrenic, mood, paranoid, panic or other severe anxiety disorder, somatoform disorder personality disorder, other psychotic disorder, or another mental disorder that may lead to a chronic disability." (See Part I or Psychiatric Evaluation) ___YES ___NO

2. LEVEL OF FUNCTIONAL IMPAIRMENT

On a continuing or intermittent basis for the past 3 to 6 months, the patient's mental disorder has resulted in one or more functional limitations in major life activities characterized by:

a. Problems in interpersonal functioning: ___YES ___NO

- Has serious difficulty interacting appropriately and communicating effectively; or
- Has a history of altercations, evictions, being fired from a job, fear of strangers, avoidance of interpersonal relationships and social isolation.

b. Problems in concentration, persistence, and pace: ___YES ___NO

- Has serious difficulty in sustaining attention to permit completion of tasks in work or work like settings, or in school and home settings; or
- Manifests difficulties in concentration; or
- Unable to complete simple tasks within an established time period, makes frequent errors or requires assistance in completing simple tasks.

c. Problems in adaptation to change: ___YES ___NO

- Has serious difficulty in adapting to changes associated with work, school, family, or social interaction; or
- Requires mental health or judicial interventions due to exacerbated signs and symptoms associated with the illness or withdrawal from the situation.

3. RECENT TREATMENT OR HISTORY INDICATES THE INDIVIDUAL HAS EXPERIENCED AT LEAST ONE OF THE FOLLOWING IN THE LAST TWO YEARS.

a. Psychiatric treatment more intensive than outpatient care more than once; or ___YES ___NO

b. Required supportive services to maintain functioning at home or in a residential treatment environment; or ___YES ___NO

c. Required intervention by housing or law enforcement officials. ___YES ___NO

IS THE INDIVIDUAL SERIOUSLY MENTALLY ILL (SMI)? ___YES ___NO

An individual is considered to be seriously mentally ill if the following criteria are met: Yes to diagnostic classification; Yes to either 2a or 2b or 2c AND Yes to either 3a, 3b, or 3c.

Psychologist/Psychiatrist/PMHNP
Name & Title (Print)

Psychologist/Psychiatrist/PMHNP Signature

Date