

**PREADMISSION SCREEN RESIDENT REVIEW (PASRR) LEVEL II  
ADULT MENTAL HEALTH EVALUATION INTAKE FORM**  
Telephone: (516) 326-2110 or 1 (800) 633-9441 Fax: (516) 326-6179



Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Private Home/Apt. Rm: \_\_\_\_\_  
County: \_\_\_\_\_

Referral Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone# (s): \_\_\_\_\_  
Alternate #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Yes  No Was the patient admitted to the hospital/acute care or the OMH Psychiatric Center from a NH/RHCF?

Is the patient currently in:  
 Acute Care  OMH Psychiatric Center  
 ACF/Community  Private Home  Other/Jail  
 RHCF:  Preadmission - or -  Significant Change  
 VAMC  Out of State

Attending Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Building: \_\_\_\_\_ Ward: \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

MR#: \_\_\_\_\_  
What is the RUG's II score: \_\_\_\_\_  
What is the ADL score: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Medicaid #: \_\_\_\_\_

Payer Source:  Medicare  Medicaid  Medicaid Pending  Other/Self Pay

**ADDITIONAL REQUIRED INFORMATION**

**FOR COMMUNITY REFERRALS:**

Patient Contact Person/Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Legal Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Does the Patient Speak English:  Yes  No  
Is an Interpreter Required:  Yes  No  
If Yes, what language: \_\_\_\_\_

Is The Patient Receiving ECT:  Yes  No  
If Yes, date of next treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*IPRO ASSESSOR CAN SEE THE PATIENT ONLY  
24 HOURS AFTER THE LAST ECT TREATMENT*

**REQUIRED -- PLEASE COMPLETE THE ATTESTATION CHECKLIST ON PAGE 2  
FOR DOCUMENTATION REQUIREMENTS.**

**ATTESTATION CHECKLIST**  
**PASRR Level II Adult Mental Health Evaluation Intake**



<b>Client Name:</b>	<b>Referral Organization:</b>
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I, the under-signed, am requesting a PASRR Level II Adult Mental Health evaluation and have prepared all the documents listed below for the assessor. I understand that IPRO will terminate the review if any of the documentation is incomplete.

**All of the following chart documents are present as indicated by each checkmark below:**

<input type="checkbox"/>	A <b>current</b> comprehensive history and physical examination, which includes a complete medical history, review of all body systems, specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves and abnormal reflexes.
<input type="checkbox"/>	A functional assessment of the individual's ability to engage in ADL's and IADL's that addresses self-monitoring of health status, self-administering and scheduling of medical treatment, self-monitoring of nutritional status, handling of money, dressing appropriately, and grooming. An accurate functional assessment is extremely important in determining an individual's appropriate placement.
<input type="checkbox"/>	A psychosocial evaluation that <b>MUST</b> include the individual's past and present living arrangements describing successes and failures and medical and support systems.
<input type="checkbox"/>	A current comprehensive psychiatric evaluation, including a complete psychiatric history, evaluation of intellectual functioning, memory functioning and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations.
<input type="checkbox"/>	A complete, accurate and current H/C PRI & SCREEN. <ul style="list-style-type: none"> <li>a. The H/C PRI must be completed prior to initiating the SCREEN.</li> <li>b. The H/C PRI must be completed in its entirety.</li> <li>c. Include the RUG II Group in the upper left hand corner of the H/C PRI.</li> <li>d. When answering SCREEN Item #7 "NO", you must explain on a separate sheet of paper and attach to the SCREEN.</li> <li>e. Document the Assessor signature and ID # (HC-PRI Pg. 4).</li> <li>f. If answering SCREEN Item #22: Dementia Diagnosis "YES", there must be documentation in the medical record to support the diagnosis.</li> <li>g. If SCREEN Item #23 or #32 is a "NO," A referral for a PASRR Level II Mental Health Evaluation is not required.</li> <li>h. Please pay close attention to the following guideline on page 5 of the SCREEN form:  <b>Guideline: If Item #23 or any of Items #24-26 are marked "YES"; proceed to Categorical Determinations (items #27-30). If Item #23 and all of items #24-26 are marked "NO", proceed to Patient/Resident/Person Disposition (item #36).</b></li> <li>i. SCREEN Item #34 can only completed after the "Notification of Need for Level II Evaluation" is signed on page 7 of the SCREEN form. Failure to complete the "Notification of Need for Level II Evaluation" will result in rejection of the Intake Form by the PASRR unit. SCREEN items #35-#38 CANNOT be completed until the PASRR Level II determination is rendered.</li> </ul>
<input type="checkbox"/>	Physician request (MD Order or Note) for RHCF placement or current RHCF monthly order sheet.
<input type="checkbox"/>	Social Service and Discharge Planning documentation incorporating the functional assessment and including: <ul style="list-style-type: none"> <li>a. The individuals past community successes and failures. If a patient was admitted from a Nursing Home there must be a description of previous community placements and relevant discharge planning notes including current attempts at community placement.</li> <li>b. A description of the individual's specific needs relating to nursing home placement and their desire for nursing home admission.</li> <li>c. The ADL and IADL needs of the individual.</li> </ul>
<input type="checkbox"/>	If the RHCF referral is generated due to a significant change in status, documentation related to the significant change is required.

<b>Contact Name/Signature:</b>	<b>Date:</b>
<b>Title:</b>	<b>Phone #:</b>