



CONDADO DE SANTA CRUZ  
DEPARTAMENTO DE SERVICIOS  
HUMANOS  
P.O. Box 1320  
Santa Cruz, CA 95060  
888-421-8080

## BEHAVIORAL HEALTH CLINICIAN'S CONFIDENTIAL REPORT

Case Name:

Case Number:

Last Four (4) Digits of Social Security Number:

Autorizó el uso de la información solicitada de mis registros por el Departamento de Servicios Humanos del Condado de Santa Cruz. Sé que esta autorización puede ser utilizada por el Departamento de Servicios Humanos del Condado de Santa Cruz por un máximo de un (1) año a partir de esta fecha para obtener información médica. Puedo revocar esta autorización en cualquier momento, a excepción de la información que ya ha sido entregada a la agencia. Esta información es necesaria para determinar elegibilidad para ayuda monetaria o asistencia alimentaria. También es necesaria para decidir el tipo de trabajo o actividades de entrenamiento en las cuales puedo participar. He leído esta autorización (o alguien me la ha leído) antes de firmar mi nombre. Sé que puedo obtener una copia de esta autorización si la pido

Firma del Paciente \_\_\_\_\_

Fecha \_\_\_\_\_

**Clinician:** Please complete this report evaluating the individual listed below for mental health conditions that may prevent them from being able to work.

Patient's Name:		Date of Birth:
Address:		
Date of Examination:	Diagnosis Code:	
Diagnosis:		
Onset of Condition:		

### Functional Assessment

#### A. UNDERSTANDING AND MEMORY

	Unable To Determine	Not Significantly Limited	Moderately Limited	Markedly Limited <sup>see below</sup>
1 The ability to remember work-like procedures.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2 The ability to understand and remember very short and simple instructions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

#### B. SUSTAINED CONCENTRATION AND PERSISTENCE

3 The ability to carry out very short and simple instructions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4 The ability to maintain attention for extended periods- two hour segments or more.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 The ability to maintain regular attendance, and be punctual within customary tolerances. (These tolerances are usually strict.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6 The ability to sustain ordinary routine without special supervision.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7 The ability to work in coordination with or proximity to others without being unduly distracted by them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8 The ability to make simple work-related decisions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9 The ability to complete a normal workday and work-week without interruptions from psychologically based symptoms and to perform consistent pace without an unreasonable number and length of rest periods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

#### C. SOCIAL INTERACTION

10. The ability to ask simple questions or request assistance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. The ability to accept instructions and respond appropriately to criticism from supervisors.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. The ability to get along with co-workers and peers without unduly distracting them or exhibiting behavioral extremes. 1 ☐ 2 ☐ 3 ☐ 4 ☐

**D. ADAPTATION**

13. The ability to respond appropriately to changes in a routine 1 ☐ 2 ☐ 3 ☐ 4 ☐

14. The ability to be aware of normal hazards and take appropriate precautions. 1 ☐ 2 ☐ 3 ☐ 4 ☐

\* A marked limitation is more than moderate, but less than extreme. An individual need not be totally precluded from performing an activity to have a marked limitation as long as the degree of limitation is such as to seriously interfere with the ability to function independently, appropriately, and effectively. Please describe the mental health diagnosis that is the source of any limitations noted:

**Does this individual's mental health condition prevent them from working?**

☐ NO ☐ YES

If yes, is this situation:

- ☐ Temporary (If temporary, condition will improve in): \_\_\_\_\_ (months)  
☐ Persistent (not able to work for 12 mos. or more)

If condition is persistent has it existed for 12 months or more?: ☐ yes ☐ no ☐ insufficient information to make determination  
Will the condition prevent engagement in substantial gainful activity? ☐ yes ☐ no ☐ insufficient information to make determination  
(Social Security Admin defines gainful activity as earnings of more than \$800 per month.)

☐ Other: (Explain) \_\_\_\_\_

**Does the patient have work restrictions related to their mental health condition(s)?**

☐ NO ☐ YES

If yes, please describe any other significant limitations such as work environment, number of hours worked, interactions with supervisors and/or customers, ability to utilize public transportation to get to and from employment.

**I recommend that patient be referred for an evaluation of physical health conditions that may prevent them from being able to work.**

☐ NO ☐ YES

If yes, please state reason.

**Alcohol and Other Drugs**

Alcoholism: ☐ Yes ☐ No ☐ Probable (Explain) \_\_\_\_\_

Drug Abuse: ☐ Yes ☐ No ☐ Probable (Explain) \_\_\_\_\_

Clinician's Name (Please Print)

Specialty

Clinician's Signature

Date

Address

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Clinician's License # (required)

Telephone Number

Fax Number

**If the person completing this form is not a medical doctor, please sign below:**

Name (Please Print)

Title (Please Print)

Signature

Date