CSO-1364A (9-17)

ARIZONA DEPARTMENT OF CHILD SAFETY
INPATIENT ASSESSMENT REPORT

CHILD'S NAME:	DATE OF BIRTH:	DATE OF REPORT:

A. ASSESSMENT

I am the licensed ☐ psychiatrist, ☐ psychologist or ☐ physician (check one) who conducted an outpatient assessment of the above-named child on ______________________________(date) which included the following as required by A.R.S. § 8-273:

☐	1.	Observation of the child's behavior while the child is in an inpatient facility.
☐	2.	Psychological or psychiatric testing, if indicated.
☐	3.	A determination as to whether the child needs inpatient psychiatric acute care services and whether inpatient psychiatric acute care services ar ethe least restrictive available alternative.
☐	4.	The administration of psychotropic medication and medication monitoring, if necessary to complete the assessment or to prevent the child from being a danger to self or others.
☐	5.	A psychiatric or psychological assessment, including a clinical interview with the child.
☐	6.	A written report that summarizes the results of the inpatient assessment, including specific recommendations for follow-up care.
☐	7.	An explanation to the child of the least restrictive alternatives available to meet the child's mental health needs.
☐	8.	A determination as to whether the child may be suffering from a mental disorder, is a danger to self or others or is persistently or acutely disabled or gravely disabled, as defined in A.R.S § 36-501.
☐	9.	A review of the child's medical, social and psychological records, if available.

B. INPATIENT ASSESSMENT RECOMMENDATIONS

Based on the foregoing assessment, I recommend that the child be either (check one):

☐	1.	Admitted to a psychiatric acute care facility for inpatient psychiatric care services
		(If this alternative is checked, proceed to Part C below)
☐	2.	Provided with residential treatment services.
		(If this alternative is checked, proceed to Part D below)
☐	3.	Discharged to an entity and provided with outpatient treatment services.
☐	4.	Discharged to the entity without further psychological or psychiatric services because the child does not suffer from a mental disorder, is not a danger to self or others or is not persistently or acutely disabled or gravely disabled.

C. RECOMMENDATION FOR INPATIENT PSYCHIATRIC ACUTE CARE SERVICES

My recommendation that the child be admitted for inpatient psychiatric acute care services is based on the following:

☐	1.	Inpatient psychiatric acute care services are in the child's best interest for the following reasons:
☐	2.	Inpatient psychiatric acute services are the least restrictive alternative for the following reasons:

☐	3.	The diagnosis of the child's condition requiring inpatient psychiatric acute care services is:
☐	4.	The estimated length of time the child will require inpatient psychiatric acute care services is:

D. RECOMMENDATION FOR RESIDENTIAL TREATMENT SERVICES

My recommendation that the child receive residential treatment services is based on the following:

☐	1.	Residential treatment services are in the child's best interests for the following reasons;
☐	2.	Residential treatment services are the least restrictive treatment available for the following reasons:
☐	3.	The child's behavioral, psychological, social, or mental health needs require residential treatment services for the following reasons:
☐	4.	The estimated length of time the child will require residential treatment services:

Psychiatrist, Psychologist, Or Physician Performing Assessment

Date Of Report

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.