

RATIONALE FOR PASRR PARTIAL LEVEL II SCREEN FOR MENTAL ILLNESS

Name – Client

I. **Reason for Referral**

Include symptomatology, date of mental illness diagnosis, and previous treatment received

II. **Current Diagnoses**

III. **Federal Criteria**

First Criterion: Does the person have a major mental disorder meeting the diagnostic requirements in DSM-5 (or DSM III-R or DSM IV-TR)?

Yes No

Second Criterion: Has the person's functioning, **as a result of the mental disorder**, been limited continuously or intermittently during the past three to six months in at least one of the following areas of major life activity?

Yes No

Yes No Interpersonal functioning, including but not limited to social isolation, altercations with others, difficulty interacting appropriately and communicating effectively with others;

Yes No Concentration, persistence, and pace resulting in problems such as difficulty completing common tasks found in a workplace, school, or home setting; difficulty in completing tasks on time; or making frequent errors; and

Yes No Adaptation to change.

Third Criterion: During the past two years has the person **needed, as a result of the mental disorder**: 1) psychiatric treatment that is more intensive than outpatient care (e.g., partial or inpatient hospitalization) at least two times; 2) supportive services to maintain functioning in the community or in a residential treatment environment (e.g., group home, nursing facility, etc.); OR 3) intervention by housing or law enforcement officials?

Yes No

IV. **Summary**

Due to criterion #1 not being met, this individual does not meet the federal definition of having a serious mental illness; a Partial PASRR Level II Screen was completed.

SIGNATURE – QIDP/QMHP

PRINT Name

Date Signed

Information obtained from: