

PRSN Review Tool: Practice Guideline

Review Period	
PRSN Reviewer	
Review Type: Bipolar/Schizophrenia	
Provider	
Client ID	
Axis 1	
GAF	

Bipolar Practice Guidelines (Bipolar Only)

	Score	Possible Points	Percentage	Comments
If the client has a MH diagnosis in addition to Bipolar Disorder is there evidence that condition is being addressed or treated (e.g. goal on tx plan, involved in COD tx, etc.) Not applicable if client has no MH diagnoses other than bipolar disorder.		0		
Is the client being prescribed a mood stabilizer medication, either by the MH agency prescriber or by his or her primary care provider? 2 if yes 0 if no		0		
If the answer is no to question, is there evidence that the client has been offered medication, but is declining to take it? (Leave blank if answer to 3a is yes)		0		
If in crisis , ave risk factors for suicide been evaluated?		0		
Has the importance of maintaining regular sleep/wake cycles and consistent patterns of daily activities in preventing relapse of mania been addressed with the client, as evidenced by clinician, prescriber, or other care provider notes?		0		
If warranted , is the importance of maintaining regular sleep/wake cycles and consistent patterns of daily activities in preventing relapse of mania reflected as a goal on the treatment plan based on documentation in the chart?		0		
Have early markers of manic episodes been identified and discussed with the client as evidenced by clinician, prescriber, or other care provider notes,		0		
If warranted , are early markers of manic episodes reflected as a goal on the treatment plan, based on documentatation in the chart?		0		

Have early markers of manic episodes been identified and discussed with family members or significant others (with client consent) as evidenced by clinician, prescriber, or other care provider notes?		0		
If the client has a crisis plan, are the identified early markers of manic episodes on the plan and are possible interventions listed?		0		
Schizophrenia Practice Guidelines (Schizophrenia Only)				
If the client has a MH diagnosis in addition to schizophrenia is there evidence that condition is being addressed or treated (e.g. goal on tx plan, involved in COD tx, etc.) Not applicable if client has no MH diagnoses other than schizophrenia.		0		
Is the client being prescribed an antipsychotic medication, either by the MH agency prescriber or by his or her primary care provider? 2 if yes 0 if no		0		
If the answer is no, is there evidence that the client has been offered medication, but is declining to take it? Enter n/a if not applicable.		0		
Has the client been disengaged or missed two or more consecutive appointments in the previous six months: Not applicable if client has not missed two or more consecutive appointments? Yes or No		0		
IF the client has disengaged or missed two or more consecutive appointments in the previous six months, has the client been called or has an outreach attempt been made to where the client resides? (Enter n/a if not applicable)		0		
Is the client receiving or been offered at least one of the following psychosocial treatments (as evidenced by notes from clinician, prescriber, or other care providers?)		0		
Which of the following intervention was offered? (Type a "1" in the corresponding score box if it was offered and leave blank if no evidence is found that it was offered).				
Family interventions		0		
Supported employment		0		
Assertive Community Treatment		0		

Social Skills training		0		
Cognitive/behaviorally oriented interventions		0		
Stress management skills training		0		
If the answer is yes to any of the items in number 5 above, is there a corresponding goal/objective on the treatment plan?		0		
If in Crisis: Have risk factors for suicide been evaluated?		0		
If in Crisis: Have risk factors for behavior dangerous to others been evaluated?		0		