

## Assessment of Service User's Mental Health - Bipolar Disorder (Manic Depression)

Service User: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### B: SERVICE USER ASSESSMENT

#	Indicator	✓	X	Implications for Service User Care Plan
<b>BIPOLAR DISORDER: "MANIC" EPISODE:</b>				
1	Talks very quickly / full of energy	<input type="checkbox"/>	<input type="checkbox"/>	
2	Easily annoyed / unusually impatient	<input type="checkbox"/>	<input type="checkbox"/>	
3	Euphoric / over-optimistic	<input type="checkbox"/>	<input type="checkbox"/>	
4	Increased interest in sex	<input type="checkbox"/>	<input type="checkbox"/>	
5	Talks about "grand plans"	<input type="checkbox"/>	<input type="checkbox"/>	
6	Sleeps / eats less than usual	<input type="checkbox"/>	<input type="checkbox"/>	
7	Makes irrational / ill-judged decisions	<input type="checkbox"/>	<input type="checkbox"/>	
8	Has delusional beliefs / illogical thoughts	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does things that are potentially risky / harmful	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BIPOLAR DISORDER: "LOW" EPISODE:</b>				
1	Lack of hope / emptiness / despair	<input type="checkbox"/>	<input type="checkbox"/>	
2	Feels exhausted / problematic sleep patterns	<input type="checkbox"/>	<input type="checkbox"/>	
3	Loses interest in daily life	<input type="checkbox"/>	<input type="checkbox"/>	
4	EXTREME CASES: Has suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	

### C: COMMENTS & SIGNATURES

Signature of Assessor: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_