

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

Service User: _____

Date of Birth: _____

A: SERVICE USER ASSESSMENT

#	Indicator	✓	X	Implications for Service User Care Plan
1	Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	
2	Has jumbled / confused thoughts / makes no sense	<input type="checkbox"/>	<input type="checkbox"/>	
3	Disorganised / unpredictable / agitated	<input type="checkbox"/>	<input type="checkbox"/>	
4	Distressing beliefs / experiences not based on reality	<input type="checkbox"/>	<input type="checkbox"/>	
5	Withdraws from other people	<input type="checkbox"/>	<input type="checkbox"/>	
6	Neglects their appearance / personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	

C: COMMENTS & SIGNATURES

Signature of Assessor: _____ Date of Assessment: _____