

**Pre-Admission Screening / Resident Review  
PSYCHIATRIC EVALAUTION PART II  
SERIOUS MENTAL ILLNESS (SMI) CRITERIA**

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(Last Name) (First Name) (Middle Initial) (Birthdate)

**An individual is considered to have a serious mental illness (SMI) if the individual meets the following requirements on diagnosis, level of impairment, and duration of illness:**

**1. DIAGNOSIS**

The patient is 18 years or older and has a possible diagnosis within the following DSM-III-R disorders: "a schizophrenic, mood, paranoid, panic or other severe anxiety disorder, somatoform disorder personality disorder, other psychotic disorder, or another mental disorder that may lead to a chronic disability." (See Part I or Psychiatric Evaluation)  YES  NO

**2. LEVEL OF FUNCTIONAL IMPAIRMENT**

On a continuing or intermittent basis for the past 3 to 6 months, the patient's mental disorder has resulted in one or more functional limitations in major life activities characterized by:

a. Problems in interpersonal functioning:  YES  NO

- Has serious difficulty interacting appropriately and communicating effectively; or
- Has a history of altercations, evictions, being fired from a job, fear of strangers, avoidance of interpersonal relationships and social isolation.

b. Problems in concentration, persistence and pace:  YES  NO

- Has serious difficulty in sustaining attention to permit completion of tasks in work or work like settings, or in school and home settings; or
- Manifests difficulties in concentration; or
- Unable to complete simple tasks within an established time period, makes frequent errors or requires assistance in completing simple tasks.

c. Problems in adaptation to change:  YES  NO

- Has serious difficulty in adapting to changes associated with work, school, family or social interaction; or
- Requires mental health or judicial interventions due to exacerbated signs and symptoms associated with the illness or withdrawal from the situation.

**3. RECENT TREATMENT OR HISTORY INDICATES THE INDIVIDUAL HAS EXPERIENCED AT LEAST ONE OF THE FOLLOWING IN THE LAST TWO YEARS.**

a. Psychiatric treatment more intensive than outpatient care more than once; or  YES  NO

b. Required supportive services to maintain functioning at home or in a residential Treatment environment; or  YES  NO

c. Required intervention by housing or law enforcement officials.  YES  NO

**IS THE INDIVIDUAL SERIOUSLY MENTALLY ILL (SMI)?  YES  NO**

An individual is considered to be seriously mentally ill if the following criteria are met: Yes to diagnostic classification; Yes to either 2a or 2b or 2c AND Yes to either 3a, 3b, or 3c.

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Psychologist/Psychiatrist Name (Print)      Psychologist/Psychiatrist Signature & Title      Date signed