

4Ms in Behavioral Health (4Ms-BH) Checklist

4Ms	Assess	Date	Act On	Date	Notes (No PII/PHI)
What Matters Links: <input type="checkbox"/> Mentation <input type="checkbox"/> Mobility <input type="checkbox"/> Medication	<input type="checkbox"/> Ask what matters in their life, health, and health care		<input type="checkbox"/> Document what matters where the team can access.		Example: Adult daughter is POA; daughter and PCP have POA.
	<input type="checkbox"/> Ask whether patient has a Health Care Power of Attorney or other Advance Directive(s)		<input type="checkbox"/> Assure HCPOA in chart <u>OR</u> complete HCPOA form <u>OR</u> document patient preference not to have one.		
	<input type="checkbox"/> Assess social determinants of health		<input type="checkbox"/> Create plan to address SDOH needs.		
Medication Links: <input type="checkbox"/> What Matters <input type="checkbox"/> Mentation <input type="checkbox"/> Mobility	<input type="checkbox"/> Review medication list for high-risk medications		<input type="checkbox"/> Discuss any concerns about medications, treatment adherence, or side effects with prescriber.		
	<input type="checkbox"/> Identify any potential side effects		<input type="checkbox"/> If the prescriber, consider deprescribing high-risk medications.		
	<input type="checkbox"/> Screen for alcohol and drug use, including prescribed medication misuse		<input type="checkbox"/> Create and implement evidence-based treatment plan for SUD.		
Mentation Links: <input type="checkbox"/> What Matters <input type="checkbox"/> Mobility <input type="checkbox"/> Medication	Complete diagnostic assessment, with validated tools for:		<input type="checkbox"/> Create & implement evidence-based treatment plan based on cognitive status and What Matters.		
	<input type="checkbox"/> Depression		<input type="checkbox"/> Create suicide prevention plan as needed, per clinic protocol.		
	<input type="checkbox"/> Suicide risk		<input type="checkbox"/> Create & implement evidence-based treatment plan.		
	<input type="checkbox"/> Anxiety		<input type="checkbox"/> Refer for further cognitive assessment if needed.		
	<input type="checkbox"/> Cognitive impairment (including caregiver observations)		<input type="checkbox"/> Provide referrals and community support for family caregivers, as needed. <input type="checkbox"/> Document caregiver in EHR.		
Mobility Links: <input type="checkbox"/> What Matters <input type="checkbox"/> Mentation <input type="checkbox"/> Medication	Screen for:		<input type="checkbox"/> Refer: Safe mobility plan for fall risk		
	<input type="checkbox"/> Falls and fall risk: # falls in last 12 months		<input type="checkbox"/> Create and implement safe mobility plan for mood		
	<input type="checkbox"/> Fear of falling: Y or N				
	<input type="checkbox"/> Impact of mobility on mood				