Clinical Evaluation

Appointment Details		
Date of assessment:		
Beginning time:	**Ending time:**	**Present at session:** ☐ Patient ☐ Mother ☐ Father ☐ Child

Chief Complaint

History of Present Illness

Depression

- ☐ Denies depression
- ☐ Frequent crying
- ☐ Feeling sad, empty, or down
- ☐ Fatigue
- ☐ Loss of energy
- ☐ Loss of interest
- ☐ Loss of enjoyment
- ☐ Hopelessness
- ☐ Helplessness
- ☐ Worthlessness
- ☐ Purposelessness
- ☐ Difficulty concentrating
- ☐ Recurrent suicidal ideation
- ☐ Recurrent thoughts about death/dying
- ☐ Hypersomnia
- ☐ Loss of appetite (without weight loss)
- ☐ Loss of appetite (with weight loss)
- ☐ Increased appetite (without weight gain)
- ☐ Increased appetite (with weight gain)
- ☐ Social withdrawal, agitation

Panic

- ☐ Denies panic
- ☐ Pounding heart
- ☐ Heart palpitations
- ☐ Sweating
- ☐ Shortness of breath
- ☐ Difficulty breathing
- ☐ Sensation of choking
- ☐ Trembling or shaking
- ☐ Chest pain or discomfort
- ☐ Nausea or abdominal distress
- ☐ Feeling dizzy, unsteady, lightheaded, or faint
- ☐ Chills or heat sensations
- ☐ Paresthesias
- ☐ Derealization
- ☐ Depersonalization
- ☐ Fear of losing control or "going crazy"
- ☐ Fear of dying
- ☐ Persistent concern or worry about additional panic attacks or their consequences
- ☐ Significant, maladaptive change in behavior related to the attacks
- ☐ Feeling on edge or tense

Mania

- ☐ Denies mania
- ☐ Persistently elevated mood
- ☐ Persistently expansive mood
- ☐ Increased energy
- ☐ Inflated self-esteem
- ☐ Grandiosity
- ☐ Decreased need for sleep
- ☐ More talkative than usual
- ☐ Rapid speech
- ☐ Pressured speech
- ☐ Flight of ideas
- ☐ Racing thoughts
- ☐ Distractibility
- ☐ Increase in goal-directed activity
- ☐ Psychomotor agitation traumatic event(s)
- ☐ Increased involvement in activities that have a high potential for painful consequences
- ☐ Diminished judgment
- ☐ Diminished insight
- ☐ Persistently irritable mood

Anxiety	Eating Disorder Behaviors	Abuse
☐ Denies anxiety ☐ Excessive worry ☐ Difficulty controlling worry, difficulty concentrating ☐ Distractibility ☐ Difficulty falling or staying asleep ☐ Restlessness ☐ Feeling on edge or tense	☐ Denies eating disorder behaviors ☐ Binging ☐ Purging ☐ Excessive exercise ☐ Use of diuretics or laxatives ☐ Use of appetite suppressants ☐ Restricting	☐ Denies abuse ☐ Physical ☐ Sexual ☐ Emotional ☐ Household dysfunction ☐ Neglect

Post-traumatic Stress			
☐ Denies post-traumatic stress ☐ Repeated or extreme exposure to aversive details of the traumatic event(s) ☐ Recurrent, involuntary, and intrusive distressing memories of the event(s) ☐ Recurrent distressing dreams related to the event(s)	☐ Recurrent distressing dreams related the the event(s), dissociative reactions (e.g. flashbacks, re-enactment of trauma) ☐ Intense or prolonged psychological distress at exposure to internal or external cues	☐ Marked physiological reactions to internal or external cues ☐ Persistent avoidance of stimuli associated with the event(s) ☐ Behaviors, difficulty falling or staying asleep	☐ Negative alterations in cognition and mood (e.g. memory) ☐ Direct experience, witnessing, or learning of a traumatic event(s)

Psychosis (Delusion)			
☐ Denies delusions ☐ Of grandeur ☐ Of guilt or sin ☐ Of reference ☐ Of persecution	☐ Of persecution ☐ Of grandiosity ☐ Of love (erotic) ☐ Of jealousy ☐ Of control	☐ Somatic ☐ Thought broadcasting ☐ Thought insertion ☐ Bizarre ☐ Flat affect	☐ Mood-congruent ☐ Mood-incongruent ☐ Mood-neutral ☐ Disorganized speech ☐ Disorganized behavior

Psychosis (Hallucinations)	Self-injurious Behavior	Self-injurious Behavior – Insertions/ingestions of Object(s)
☐ Denies hallucinations ☐ Command ☐ Visual (simple) ☐ Visual (complex) ☐ Tactile ☐ Olfactory ☐ Gustatory ☐ Auditory	☐ Denies self-injurious behavior ☐ Burning skin ☐ Pinching or picking skin ☐ Pulling out hair ☐ Hitting head ☐ Banging head ☐ Cutting or excoriating skin	☐ Denies self-injurious behavior, specifically insertions/ingestions of object(s) ☐ In vagina ☐ In anus ☐ Swallowing ☐ Under skin ☐ Cutting or excoriating skin

Risk Factors *If checked, please provide more details:*	
☐ Denies risk factors	☐ Adolescent, young adult, or elderly age
☐ Single, divorced or widowed	☐ History of suicide attempt
☐ Access to firearms	☐ Recent discharge from psych hospital

Risk Factors *If checked, please provide more details:*	
☐ Recent loss	☐ Suicide by family member or close friend
☐ History of substance abuse	☐ History of abuse
☐ Male	

Protective Factors *If checked, please provide more details:*	
☐ In denial	☐ Spiritual/religious beliefs
☐ Perceived social support	☐ Responsibility to family or friends
☐ Other	

Past Psychiatric History
History of inpatient, residential, partial or IOP treatment: ☐ Yes ☐ No
If yes, please provide more details:
History of prior outpatient treatment: ☐ Yes ☐ No
If yes, please provide more details:
History of suicide attempts: ☐ Yes ☐ No
If yes, please provide more details:
History of self-injurious behavior: ☐ Yes ☐ No
If yes, please provide more details:
Access to weapon: ☐ Yes ☐ No
If yes, please provide more details:

Past Psychiatric History	
If consumer is a minor, has parent been notified of minor's access to the weapon? ☐ Yes ☐ No ☐ Not applicable	
Past psychiatric medication trials:	
Substance Abuse History	
Current psychiatric medications:	
Currently using or abusing substances: ☐ Yes ☐ No *If yes, please provide more details:*	
☐ Alcohol	☐ Tobacco
☐ Cannabis	☐ Opioids
☐ Cocaine	☐ Amphetamines
☐ Hallucinogens	☐ Other
Past Medical History	
Medical conditions: ☐ Yes ☐ No	
If yes, please provide more details:	
Allergies: ☐ Yes ☐ No	
If yes, please provide more details:	
Developmental history reported to be within normal limits: ☐ Yes ☐ No	
If yes, please provide more details:	Surgeries:
History of trouble sleeping: ☐ Yes ☐ No	
If yes, please provide more details:	TBL/LOC:

Social History

History of trauma: ☐ Yes ☐ No

If yes, please provide more details:

Marital Status	Current Living Arrangements	Employment History	Highest Completed Level of Education
☐ Married ☐ Divorced ☐ Domestic partnership ☐ Single ☐ Other:	☐ Alone ☐ With roommate(s) ☐ With family ☐ With spouse ☐ Group home ☐ Other:	☐ Currently employed ☐ Currently unemployed ☐ History of unemployment ☐ History of work misconduct ☐ Other:	☐ Preschool ☐ 2-year college ☐ Elementary ☐ Middle school ☐ 4-year college ☐ High school ☐ Graduate ☐ Other:

FOR CHILDREN: Is there a need for special education or accommodations for learning?
☐ Yes ☐ No ☐ Not applicable ☐ Other:

Additional social history notes:

Family History

Victim of or witness to domestic violence: ☐ Yes ☐ No

If yes, please provide more details:

Family history of mental health issues: ☐ Yes ☐ No

If yes, please provide more details:

Family history of suicide or suicide attempts: ☐ Yes ☐ No

If yes, please provide more details:

Family history of substance abuse: ☐ Yes ☐ No

If yes, please provide more details:

Additional family history notes:

Mental Status Exam

Orientation

Person:	Place:	Time:

Mental Status Exam		
General Appearance *If checked, please provide more details:*		
☐ Normal	☐ Disheveled	
☐ Emancipated	☐ Poor hygiene	
Speech		
General speech:	Rate:	Volume:
Articulation:	Prosody:	Tone:
Affect		
Check all that apply: ☐ Appropriate ☐ Inappropriate ☐ Labile ☐ Constricted ☐ Blunted ☐ Flat		
Thought Process	**Thought Content**	**Mood**
☐ Normal ☐ Blocking ☐ Circumstantial ☐ Flight of ideas ☐ Loose associations ☐ Preservation ☐ Tangential	☐ Normal ☐ Preoccupied ☐ Obsessions ☐ Delusions: Bizarre ☐ Delusions: Grandeur ☐ Delusions: Ideas of reference ☐ Delusions: Persecutory ☐ Delusions: Somatic ☐ Delusions: Thought broadcasting	☐ Anxious ☐ Fearful ☐ Depressed ☐ Dysphoric ☐ Apathetic ☐ Neutral ☐ Happy ☐ Euthymic ☐ Elated
Motor *If checked, please provide more details:*		
☐ No abnormalities	☐ Psychomotor retardation	☐ Psychomotor agitation
☐ Motor tics	☐ Vocal tics	☐ Resting tremor
☐ Choreiform movements	☐ Pill rolling movements	☐ Lip-smacking
☐ Fidgeting	☐ Squirming in seat	☐ Pacing
☐ Trembling/shaking	☐ Restless legs	☐ Abnormal gait

Mental Status Exam		
Perceptions (Hallucinogens)		
☐ Normal ☐ Auditory ☐ Command ☐ Visual (simple) ☐ Visual (complex) ☐ Visual (auras) ☐ Olfactory ☐ Tactile		
Judgment		
Attentiveness to Examiner *If checked, please provide more details:*		
☐ Attentive	☐ Distractible	☐ Disinterested
☐ Bored	☐ Internally preoccupied	
☐ Perceived social support	☐ Responsibility to family or friends	
Memory:	**Interview behavior:**	
Estimated Intellect	**Current Suicidal Ideation**	**Current Homicidal Ideation**
☐ Average ☐ Above average ☐ Below average	☐ Denies current suicidal ideation ☐ Passive *If checked, please specify:* ☐ With plan and without intent ☐ Without plan and intent ☐ Active *If checked, please specify:* ☐ With plan but without intent ☐ Active without plan and intent	☐ Denies current homicidal ideation ☐ Yes *If checked, please specify:* ☐ Specific person ☐ Non-specific person ☐ Passive with plan and without intent ☐ Passive without plan and intent ☐ Active with plan but without intent ☐ Active without plan and intent
Danger to: ☐ None ☐ Self ☐ Others ☐ Property		
Danger Level *If checked, please provide more details:*		
☐ Not applicable	☐ Intent	☐ Ideation
☐ Attempt	☐ Other	
PHQ-9 score:		
GAD-7 score:		
Comments on mental status exam:		

General		
Review of Systems		
Fever:	Chills:	
Weight loss:	Sleep abnormalities:	
HEENT		
Visual abnormalities:	Nasal discharge:	Sore throat:
Ear pain:	Headache:	
RESP		
Shortness of breath:	Wheezing:	
CVS		
Chest pain:	Palpitations:	
Irregular heart beat:	Led edema:	
GI		
Nausea:	Vomiting:	
Diarrhea:	Constipation:	
Abdominal pain:	Blood in stool:	
GU		
Dysuria:	Hesitancy:	Hematuria:

General		
MSS		
Joint pain:	Swelling:	
NS		
Weakness:	Nerve pain:	Numbness:
Skin:	Rashes:	
Psych		
Suicidal ideation:	Homicidal ideation:	

Assessment
Formulation:
Diagnosis and impression:
Patient's strengths/weaknesses:
Treatment recommendations:
Plan:
Follow up: