

Mental Health Assessment Form

Applicant's Details

Full Name:

Date of Birth:

Address:

Contact Information:

Primary Care Physician:

Referral Source:

Assessment Details

Assessor's Name:

Assessment Date:

Reason for Assessment

- Self referral
- Referred by physician
- Referred by school
- Referred by employer
- Other

Please specify: _____

Presenting Concerns

(Please note symptoms, behaviors, or concerns causing distress or impairment)

Medical History

(Please detail past and present medical conditions, including medications, treatments, etc.)

Psychiatric History

(Please note past mental health diagnoses, treatments, hospitalizations, etc.)

Social History

(Please detail familial relationships, work and education history, social and community relationships, etc.)

Current Mental Status Exam

(Here assess the applicant's mood, speech, thought process, memory, concentration, insight, judgement, etc.)

Risk Assessment

- Suicide Risk:
- Self-harm Risk:
- Harm to Others Risk:

(Please detail any indications of potential risks)

Assessment Scale Scores

(Please input scores from appropriate and validated mental health scales or questionnaires, such as PHQ-9, GAD-7, BDI, etc.)

Assessor's Notes and Observations

(Please document any additional information that might be pertinent to the evaluation and potential treatment plan)

Provisional Diagnosis

(Based on the assessment, provide any preliminary diagnoses, but remember, a final diagnosis should be made in consultation with a qualified mental health professional)

Recommended Next Steps

(Please detail suggestions for further assessments, referrals, or interventions)

Assessor's Signature and Date:

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