

# Psychological Evaluation

## Patient Information

Name:

Date of Birth:

Sex:

Address:

Phone Number:

Emergency Contact:

Referral Source:

## Background Information

Presenting Problem:

Psychiatric History:

Medical History:

Family History:

Educational History:

**Occupational History:**

**Social History:**

**Legal History:**

## Clinical Interview

**Mental Status Examination**

**Appearance:**

**Behavior:**

**Speech:**

**Mood and Affect:**

**Thought Process:**

**Thought Content:**

**Perceptual Disturbances:**

**Cognition:**

**Insight and Judgment:**

**Psychological Tests Administered**

**IQ Testing:**

**Personality Assessment:**

**Specialized Tests:**

## Diagnostic Impressions

DSM-5 Diagnosis:

ICD-10 Diagnosis:

## Treatment Recommendations

## Summary and Conclusions