Clinical Evaluation

Date of Assessment: _____ dd / mm / yyyy **Beginning time:** _____

Ending time: _____

Present at session:

- [ ] Patient
- [ ] Mother
- [ ] Child
- [ ] Father

Chief complaint:

History of present illness:

Depression:

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

Anxiety:

- [ ] Denies anxiety
- [ ] Excessive worry
- [ ] Difficulty controlling worry, difficulty concentrating
- [ ] Distractibility
- [ ] Difficulty falling or staying asleep
- [ ] Restlessness
- [ ] Feeling on edge or tense

Panic:

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

Post-traumatic stress:

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

Mania:

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

Psychosis (Hallucinations):

- [ ] Denies hallucinations
- [ ] Command
- [ ] Visual (simple)
- [ ] Visual (complex)
- [ ] Tactile
- [ ] Olfactory
- [ ] Gustatory
- [ ] Auditory

Psychosis (Delusion):

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

ADHD:

- [ ] Denies ADHD
- [ ] Distractibility
- [ ] Hyperactivity and impulsivity
- [ ] Inattention

Self-injurious behavior:

- [ ] Denies self-injurious behavior
- [ ] Burning skin
- [ ] Pinching or picking skin
- [ ] Pulling out hair
- [ ] Hitting head
- [ ] Banging head
- [ ] Cutting or excoriating skin

Self-injurious behavior – Insertions/ingestions of object(s):

- [ ] Denies self-injurious behavior, specifically insertions/ingestions of object(s)
- [ ] In vagina
- [ ] In anus
- [ ] Swallowing
- [ ] Under skin

Eating disorder behaviors:

- [ ] Denies eating disorder behaviors
- [ ] Binging
- [ ] Purging
- [ ] Excessive exercise
- [ ] Use of diuretics or laxatives
- [ ] Use of appetite suppressants
- [ ] Restricting

Abuse:

- [ ] Denies abuse
- [ ] Physical
- [ ] Sexual
- [ ] Emotional
- [ ] Household dysfunction
- [ ] Neglect

Risk factors:

- [ ] Denies risk factors
- [ ] Single, divorced or widowed
- [ ] Access to firearms
- [ ] Recent loss
- [ ] History of substance abuse
- [ ] Male
- [ ] Adolescent, young adult, or elderly age
- [ ] History of suicide attempt
- [ ] Recent discharge from psych hospital
- [ ] Suicide by family member or close friend
- [ ] History of abuse

If you selected the following items under Risk factors, please provide more details:

Protective factors:

- [ ] In denial
- [ ] Spiritual/religious beliefs
- [ ] Perceived social support
- [ ] Responsibility to family or friends
- [ ] Other

If you selected items under Protective factors, please provide more details below:

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:

If consumer is a minor, has parent been notified of minor's access to the weapon?

◯ Yes ◯ No ◯ Not applicable

Past psychiatric medication trials:

Current psychiatric medications:

Currently using or abusing substances:

◯ Yes ◯ No

If yes, please specify:

- ☐ Alcohol
- ☐ Tobacco
- ☐ Cannabis
- ☐ Opioids
- ☐ Cocaine
- ☐ Amphetamines
- ☐ Hallucinogens
- ☐ Other

For items specified above, please provide more details:

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:

TBI/LOC:

History of trauma:

- ◯ Yes
- ◯ No

If yes, please provide more details:

Marital status:

- ◯ Married
- ◯ Domestic partnership
- ◯ Divorced
- ◯ Widowed
- ◯ Single
- ◯ Other

Current living arrangements:

- [ ] Alone
- [ ] With roommate(s)
- [ ] With family
- [ ] With spouse
- [ ] Group home
- [ ] Other

Employment history:

- [ ] Currently employed
- [ ] Currently unemployed
- [ ] History of unemployment
- [ ] History of work misconduct
- [ ] Other

Highest completed level of education:

- ◯ Preschool
- ◯ Elementary
- ◯ Middle school
- ◯ High school
- ◯ 2-year college
- ◯ 4-year college
- ◯ Graduate
- ◯ Other

For children: Is there a need for special education or accommodations for learning?

◯ Yes ◯ No ◯ Not applicable ◯ Other

Additional social history notes:

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:

Person: _____ **Place:** _____

Time: _____

Check all that apply:

- ☐ Normal
- ☐ Disheveled
- ☐ Emancipated
- ☐ Poor hygiene

For items selected above, please provide more details:

General speech: _____ **Rate:** _____

Volume: _____ **Articulation:** _____

Prosody: _____ **Tone:** _____

Affect:

- ☐ Appropriate
- ☐ Inappropriate
- ☐ Labile
- ☐ Constricted
- ☐ Blunted
- ☐ Flat

Thought process:

- ☐ Normal
- ☐ Blocking
- ☐ Circumstantial
- ☐ Flight of ideas
- ☐ Loose associations
- ☐ Preservation
- ☐ Tangential

Thought content:

- [ ] Normal
- [ ] Obessions
- [ ] Delusions: Grandeur
- [ ] Delusions: Persecutory
- [ ] Delusions: Thought broadcasting
- [ ] Preoccupied
- [ ] Delusions: Bizarre
- [ ] Delusions: Ideas of reference
- [ ] Delusions: Somatic

Mood:

- [ ] Anxious
- [ ] Depressed
- [ ] Apathetic
- [ ] Happy
- [ ] Elated
- [ ] Fearful
- [ ] Dysphoric
- [ ] Neutral
- [ ] Euthymic
- [ ] Euphoric

Motor:

- [ ] No abnormalities
- [ ] Psychomotor agitation
- [ ] Vocal tics
- [ ] Choreiform movements
- [ ] Lip-smacking
- [ ] Squirming in seat
- [ ] Trembling/shaking
- [ ] Abnormal gait
- [ ] Psychomotor retardation
- [ ] Motor tics
- [ ] Resting tremor
- [ ] Pill rolling movements
- [ ] Fidgeting
- [ ] Pacing
- [ ] Restless legs

If you selected items under Motor, please provide more details:

Perceptions (Hallucinogens):

- [ ] Normal
- [ ] Auditory
- [ ] Command
- [ ] Visual: Simple
- [ ] Visual: Complex
- [ ] Visual: Auras
- [ ] Olfactory
- [ ] Tactile

Attentiveness to examiner:

- [ ] Attentive
- [ ] Distractible
- [ ] Disinterested
- [ ] Bored
- [ ] Internally preoccupied

If you selected items under Attentiveness to examiner, please provide more details:

Memory:

Interview behavior:

Estimated intellect:

- ◯ Average
- ◯ Above average
- ◯ Below average

Current suicidal ideation:

- ◯ Denies current suicidal ideation
- ◯ Passive with plan and without intent
- ◯ Passive without plan and intent
- ◯ Active with plan but without intent
- ◯ Active without plan and intent

Current homicidal ideation:

- ◯ Denies current homicidal ideation
- ◯ Yes: Specific person
- ◯ Yes: Non-specific person
- ◯ Yes: Passive with plan and without intent
- ◯ Yes: Passive without plan and intent
- ◯ Yes: Active with plan but without intent
- ◯ Yes: Active without plan and intent

Danger to:

- ☐ None
- ☐ Self
- ☐ Others
- ☐ Property

Danger level:

- ☐ Not applicable
- ☐ Intent
- ☐ Ideation
- ☐ Attempt
- ☐ Other

If you selected items, under Danger level, please provide more details:

PHQ-9 score: _____ **GAD-7 score:** _____

Comments on mental status exam:

Fever: _____ Chills: _____

Weight loss: _____ Sleep abnormalities: _____

Visual abnormalities: _____

Nasal discharge: _____ Sore throat: _____

Ear pain: _____ Headache: _____

Shortness of breath: _____ Wheezing: _____

Chest pain: _____

Palpitations: _____ Irregular heart beat: _____

Leg edema: _____ Nausea: _____

Vomiting: _____ Diarrhea: _____

Constipation: _____

Abdominal pain: _____ Blood in stool: _____

Dysuria: _____ Hesitancy: _____

Hematuria: _____ Joint pain: _____

Swelling: _____

Weakness: _____ Nerve pain: _____

Numbness: _____ Skin: _____

Rashes: _____

Suicidal ideation:

Homicidal ideation:

Formulation:

Diagnosis and impression:

Patient's strengths/weaknesses:

Treatment recommendations:

Plan:

Follow up: