Comprehensive Biopsychosocial Assessment

COMPREHENSIVE CLINICAL ASSESSMENT

Date of Assessment: _____ dd / mm / yyyy Location of Assessment: _____

Chief Complaint:

Presenting Problem:

History of Presenting Problem:

Current Symptoms:

Prior Episodes of Problem:

Treatment History:

Risk Assessment:

History of Substance Use:

Medical History:

Developmental History:

Family Mental Health and Substance Abuse History:

History of Trauma:

Supports:

Living Situation:

Education:

Employment:

Relationship History:

Other Social History:

Legal/DCF History:

Cultural Beliefs/Identification:

Strengths/Protective Factors:

Special Considerations/Needs:

MENTAL STATUS EXAMINATION

Appearance:

Hygiene:

Cooperative:

Psychomotor Activity:

Orientation:

Fund of Knowledge:

Attention/Concentration:

Recent Memory:

Speech/Language:

Mood:

Affect:

Thought Process:

Perceptual Disturbances:

Thought Content:

Suicidal Ideation/Plan/Intent:

Homicidal Ideation/Plan/Intent:

Judgment:

Insight:

Comments:

Stage of Change:

DIAGNOSIS

DIAGNOSIS

SUMMARY

SUMMARY

RECOMMENDATIONS

RECOMMENDATIONS

TREATMENT CATEGORIES

TREATMENT CATEGORIES