**Client Name: D.O.B.**

**Date: Time: Sex: Race: Client ID:**

**Address: Place of Employment:**

**Reason for Evaluation/Chief Complaint (**depression, anxiety, PTSD, relationship issues, etc**.):**

**History of Present Concern/Issues:**

**Precipitating Events/Current Stressors:**

**Sleeping Habit (**insomnia, amt. of hours per night**):**

**Eating Habit (**appetite, weight changes, etc**.):**

**Legal History (**arrests, convictions, probation, etc**):**

**Education (**highest grade completed, academic performance, acad./career aspiration, etc.):

**Employment History (**employed/disabled/work history issues**):**

**Family (**parents, siblings, children-identify ages and sex**):**

**Relevant Medical History (**incl. dev. milestonespresent/past medical problems, has primary MD, need Med. Attn**):**

**Psychiatric History (**identify where, when and reason for each occurrence**):**

**Psychotropic and other Medications (**list each and dosage/frequency**):**

**Family Psychiatric/Medical History (**identify condition and family member who exp. the condition**):**

**Social (**lack of friends, conflict w/peers, victimization, rejection, recent death/loss, support people, self care, etc.**)**

**Religious Affiliation/Spiritual Belief (**incl. in mh srvcs.?):

**Substance Use/Abuse History (**for each list method of use, frequency/quantity used, current usage, & last used**):**

**Substance Abuse Treatment History (**identify where, when and reason for each occurrence**):**

**Impact of Substance Use/Abuse (**family, friends, school, legal difficulties, health, finances**):**

**History of Trauma or Abuse (**separation/divorce, chaos, moves, cultural & religious upbringing, language issues, DCF involvement-when, charge, etc.; Development timeline, family structure, peer relations, situation/events leading to humiliation, shame despair, losses, etc.):

**Does your Partner or has past partners ever:**

Hurt you physically? Insult or talk down to you? Threatens you with harm? Screams or curse at you? Restrained/pushed/confined or injured you? Stalked you?

 

**With current partner or past partners, have you ever:**

Hurt them physically? Insult or talk down to them? Threatens them with harm? Screams or curse at them? Restrained/pushed/confined or injured them? Stalked your partner?

 

**In the past 2 weeks have you felt:**

So sad you feel like hurting yourself? Like hurting or killing someone else? Like you no longer want to be here/in this world? Hopeless about the future? Things would be better if you were dead? Have you ever attempted suicide or thought about taking your life?

 

**Behavioral Observations** (attitude toward change; method of decision-making; social skills; life skills):

**FINDINGS:**

\_\_\_\_\_ **Suicide/Homicidal** Ideation/intention/threat/plan/attempt

\_\_\_\_\_ **Hallucination/Delusions:**

\_\_\_\_\_ **Mood Dysfunction** \_\_\_\_\_ **Substance Related** (check all that apply below) (check all that apply below)

 **\_\_ Depression \_\_ Withdrawal**

 **\_\_ Anxiety /Panic \_\_ Agitation**

 **\_\_ PTSD \_\_ Denial**

 **\_\_ Obsessive/Compulsive \_\_ Impulse Problems**

 **\_\_ Hallucinations \_\_ Other High Risk Behaviors**

**\_\_\_\_\_ Other:**

**Summary of Findings:**

**DSM DIAGNOSTIC IMPRESSION:**

**Axis I:**

**Axis II:**

**Axis III:**

**Axis IV:**

**Axis V: GAF= (current) \_\_\_\_\_\_\_ Past \_\_\_\_\_\_\_**

**RECOMMENDATIONS:**

 \_\_\_\_ Individual Psychotherapy \_\_\_\_ Psychiatric Evaluation \_\_\_\_ Substance Abuse Counseling

 \_\_\_\_ Group Therapy \_\_\_\_ Medication Management \_\_\_\_ Relapse Prevention

 \_\_\_\_ Family Therapy \_\_\_\_ Case Management \_\_\_\_ Substance Abuse Education

 \_\_\_\_ Psycho-education \_\_\_\_ Nutrition Management \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Referal to Community Resource (name resource)

**ANDREA GARWOOD, M.A. DATE**

**Licensed Mental Health Counselor**