

PATIENT NAME:

DATE OF SERVICE: _____

TIME IN: ____:____AM/PM

TIME OUT: ____:____AM/PM

REFERRAL SOURCE:

REASON FOR EVALUATION/ CHIEF COMPLAINT (Identify all specific symptoms that are the criteria for their diagnosis):

HX OF PRESENT SYMPTOMS/PROBLEMS/CONDITIONS (only relates to duration of symptoms):

STRENGTHS:

LIABILITIES:

FAMILY/SOCIAL HISTORY:

SIGNIFICANT MEDICAL HISTORY:

MEDICATIONS:

Maltreatment Risk identified requiring report to Authorities? __Yes__No

Depression Screen? __Yes__No Type: __GDS__BDI__PHQ-9__Other:

Result/Score/Severity:

MENTAL HEALTH HISTORY:

Involuntary hospitalization: __YES__NO Psychiatrist: __YES__NO

Psychologist/LCSW: __YES__NO

Hx of suicide attempts: __YES__NO If YES, how many/when/method?

Current ideation or intent? __YES__NO If YES, means for completing suicide? __YES__NO

MENTAL STATUS EXAM

APPEARANCE: Appropriate Well groomed Bizarre Disheveled

ORIENTATION: Person Place Time

ATTITUDE: Cooperative Hostile Guarded Controlling Submissive Noncompliant

SPEECH: Appropriate Spontaneous Rapid Pressured Slow Slurred

AFFECT: Sad Tearful Flat Blunted Anxious Angry Agitated Calm Labile

Elated

MOOD: Euthymic Dysphoric Elevated Euphoric Expansive Irritable

Depressed

CONCENTRATION: Good Fair Poor Distracted Hypervigilant

THOUGHTS: Appropriate Coherent Blocked Tangential Delusions

MEMORY: Intact Short term deficits Long term deficits

INSIGHT: Appropriate Denies problems Blames others

DIAGNOSTIC IMPRESSIONS & TREATMENT PLAN

ANTICIPATED DURATION: _____ # OF SESSIONS: _____

Treatment of patient is medically necessary as patient has a diagnosis of _____ and presents with the following symptoms:

ASSESSMENT OF PROBLEM: Maladaptive Cognitions Maladaptive Functioning Emotional Disturbance Inadequate Coping Methods Inappropriate Behavior Patterns Sudden/Rapid Change in Behavior Other: _____

METHOD/S OF MONITORING OUTCOME: Patient self-report Family report Staff report Therapist observation Testing

Pt presents with acute symptoms and treatment is expected to improve the mental health status/functioning of this patient. OR Pt presents with chronic mental health issues and stabilization of mental health status or functioning is expected as a result of treatment.

Pt has a diagnosis and/or is demonstrating emotional or behavioral symptoms sufficient to cause inappropriate behavior or maladaptive functioning?

Pt has the capacity to actively participate in and benefit from psychotherapy?

Pt is amenable to allowing and participating in therapy in order for it to be effective?

METHODS OF THERAPY TYPE: Behavioral Cognitive Cognitive-Behavioral Insight Oriented Reality Testing Solution-Focused Person-Centered Validation Other: _____

PLANNED SPECIFIC, MEASUREABLE AND ACHIEVEABLE GOALS (e.g., Pt will reduce behavior by a certain %age or Pt will increase certain task/behavior 50% or Pt will complete a task 3x, 5x, 7x per week/month etc).