Example of a Clinical Assessment Form

In this chapter, clinical assessment includes elements common to most outpatient clinical assessments: client identifiers, presenting problem, mental status, diagnosis (including medication information), risk assessment, case management (including prognosis), and evaluation of assessment. The following is an example of a clinical assessment form.

CLINICAL ASSESSMENT

Client ID # (do not use name):	Ethnicity(ies):	Primary Language: ☐ Eng ☐ Span ☐ Other: _____

List all participants/significant others: Put a [★] for Identified Patient; [√] for sig. others who **WILL** attend; [×] for sig. others who will **NOT** attend.

Adult: Age: Profession/Employer	**Child: Age: School/Grade**
[ ] AM†: _____	[ ] CM: _____
[ ] AF: _____	[ ] CF: _____
[ ] AF/M #2: _____	[ ] CF/M #2: _____

Presenting Problem

☐ Depression/hopelessness	☐ Couple concern	Complete for children ☐ School failure/decline performance
☐ Anxiety/worry	☐ Parent/child conflict	☐ Truancy/runaway
☐ Anger issues	☐ Partner violence/abuse	☐ Fighting w/peers
☐ Loss/grief	☐ Divorce adjustment	☐ Hyperactivity
☐ Suicidal thoughts/attempts	☐ Remarriage adjustment	☐ Wetting/soiling clothing
☐ Sexual abuse/rape	☐ Sexuality/intimacy concerns	☐ Child abuse/neglect
☐ Alcohol/drug use	☐ Major life changes	☐ Isolation/withdrawal
☐ Eating problems/disorders	☐ Legal issues/probation	
☐ Job problems/unemployeds	☐ Other: _____	☐ Other: _____

† *Abbreviations:* AF: Adult Female; AM: Adult Male; CF#: Child Female with age, e.g., CF12; CM#: Child Male with age; Dx: Diagnosis; IP: Identified Patient; Hx: History; GAF: Global Assessment of Functioning; GARF: Global Assessment of Relational Functioning; NA: Not Applicable.

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Mental Status for IP		
Interpersonal issues	☐ NA	☐ Conflict ☐ Enmeshment ☐ Isolation/avoidance ☐ Emotional disengagement ☐ Poor social skills ☐ Couple problems ☐ Prob w/friends ☐ Prob at work ☐ Overly shy ☐ Egocentricity ☐ Diff establish/maintain relationship ☐ Other: _____
Mood	☐ NA	☐ Depressed/sad ☐ Hopeless ☐ Fearful ☐ Anxious ☐ Angry ☐ Irritable ☐ Manic ☐ Other: _____
Affect	☐ NA	☐ Constricted ☐ Blunt ☐ Flat ☐ Labile ☐ Dramatic ☐ Other: _____
Sleep	☐ NA	☐ Hypersomnia ☐ Insomnia ☐ Disrupted ☐ Nightmares ☐ Other: _____
Eating	☐ NA	☐ Increase ☐ Decrease ☐ Anorectic restriction ☐ Binging ☐ Purging ☐ Body image ☐ Other: _____
Anxiety symptoms	☐ NA	☐ Chronic worry ☐ Panic attacks ☐ Dissociation ☐ Phobias ☐ Obsessions ☐ Compulsions ☐ Other: _____
Trauma symptoms	☐ NA	☐ Acute ☐ Chronic ☐ Hypervigilance ☐ Dreams/nightmares ☐ Dissociation ☐ Emotional numbness ☐ Other: _____
Psychotic symptoms	☐ NA	☐ Hallucinations ☐ Delusions ☐ Paranoia ☐ Loose associations ☐ Other: _____
Motor activity/ speech	☐ NA	☐ Low energy ☐ Restless/hyperactive ☐ Agitated ☐ Inattentive ☐ Impulsive ☐ Pressured speech ☐ Slow speech ☐ Other: _____
Thought	☐ NA	☐ Poor concentration/attention ☐ Denial ☐ Self-blame ☐ Other-blame ☐ Ruminative ☐ Tangential ☐ Illogical ☐ Concrete ☐ Poor insight ☐ Impaired decision making ☐ Disoriented ☐ Slow processing ☐ Other: _____
Socio-Legal	☐ NA	☐ Disregards rules ☐ Defiant ☐ Stealing ☐ Lying ☐ Tantrums ☐ Arrest/ incarceration ☐ Initiates fights ☐ Other: _____
Other symptoms	☐ NA	

Diagnosis for IP
Contextual Factors considered in making Dx: ☐ Age ☐ Gender ☐ Family dynamics ☐ Culture ☐ Language ☐ Religion ☐ Economic ☐ Immigration ☐ Sexual orientation ☐ Trauma ☐ Dual dx/comorbid ☐ Addiction ☐ Cognitive ability

☐ Other: _____

Describe impact of identified factors: _____

Axis I

Primary: _____

Secondary: _____

Axis II: _____

Axis III: _____

Axis IV:

☐ Problems with primary support group
☐ Problems related to social environment/school
☐ Educational problems
☐ Occupational problems
☐ Housing problems
☐ Economic problems
☐ Problems with accessing health care services
☐ Problems related to interactions with the legal system
☐ Other psychosocial problems

Axis V: GAF _____ GARF _____

List DSM symptoms for Axis I Dx (include frequency and duration for each). Client meets _____ of _____ criteria for Axis I Primary Dx.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have medical causes been ruled out?
☐ Yes ☐ No ☐ In process

Has patient been referred for psychiatric/medical eval? ☐ Yes ☐ No

Has patient agreed with referral?
☐ Yes ☐ No ☐ NA

List psychometric instruments or consults used for assessment:
☐ None or _____

Medications (psychiatric & medical)
Dose /Start Date
☐ None prescribed

1. _____/_____ mg; _____
2. _____/_____ mg; _____
3. _____/_____ mg; _____

Client response to diagnosis:
☐ Agree ☐ Somewhat agree ☐ Disagree
☐ Not informed for following reason:
_____

Medical Necessity *(Check all that apply):* ☐ Significant impairment ☐ Probability of significant impairment ☐ Probably developmental arrest

Areas of impairment: ☐ Daily activities ☐ Social relationships ☐ Health ☐ Work/school ☐ Living arrangement ☐ Other: _____

Risk Assessment

Suicidality
☐ No indication
☐ Denies
☐ Active ideation
☐ Passive ideation
☐ Intent without plan
☐ Intent with means
☐ Ideation past yr
☐ Attempt past yr
☐ Family/peer hx of completed suicide

Homicidality
☐ No indication
☐ Denies
☐ Active ideation
☐ Passive ideation
☐ Intent without means
☐ Intent with means
☐ Ideation past yr
☐ Violence past yr
☐ Hx assault/temper
☐ Cruelty to animals

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Hx Substance Abuse

Alcohol:

☐ No indication
☐ Denies
☐ Past
☐ Current
Freq/Amt: _____

Drugs:

☐ No indication
☐ Denies
☐ Past
☐ Current
Drugs: _____
Freq/Amt: _____
☐ Current alc/sub abuse by family/ significant other

Sexual & Physical Abuse and Other Risk Factors

☐ Current child w abuse hx:
☐ Sexual ☐ Physical ☐ Emotional ☐ Neglect
☐ Adult w childhood abuse:
☐ Sexual ☐ Physical ☐ Emotional ☐ Neglect
☐ Adult w abuse/assault in adulthood:
☐ Sexual ☐ Physical ☐ Current
☐ History of perpetrating abuse:
☐ Sexual ☐ Physical
☐ Elder/dependent adult abuse/neglect
☐ Anorexia/bulimia/other eating disorder
☐ Cutting or other self-harm:
☐ Current
☐ Past Method: _____
☐ Criminal/legal hx: _____
☐ None reported

Indicators of Safety: ☐ At least one outside person who provides strong support ☐ Able to cite specific reasons to live, not harm self/other ☐ Hopeful ☐ Has future goals ☐ Willing to dispose of dangerous items ☐ Willing to reduce contact with people who make situation worse ☐ Willing to implement safety plan, safety interventions ☐ Developing set of alternatives to self/other harm ☐ Sustained period of safety: ☐ Other: _____

Safety Plan includes: ☐ Verbal no harm contract ☐ Written no harm contract ☐ Emergency contact card ☐ Emergency therapist/agency number ☐ Medication management ☐ Specific plan for contacting friends/ support persons during crisis ☐ Specific plan of where to go during crisis ☐ Specific self-calming tasks to reduce risk before reach crisis level (e.g., journaling, exercising, etc.) ☐ Specific daily/weekly activities to reduce stressors ☐ Other: _____

Legal/Ethical Action Taken: ☐ NA Explain: _____

Case Management

Date
1st visit: _____
Last visit: _____
Session Freq:
☐ Once week ☐ Every other week ☐ Other: _____
Expected Length of Treatment:
_____

Modalities:
☐ Individual adult
☐ Individual child
☐ Couple
☐ Family
☐ Group:
_____

Is client involved in mental health or other medical treatment elsewhere?
☐ No
☐ Yes:
_____
If Child/Adolescent: Is family involved?
☐ Yes ☐ No

Patient Referrals and Professional Contacts
Has contact been made with social worker?
☐ Yes ☐ No: explain: _____ ☐ NA
Has client been referred for physical assessment?
☐ Yes ☐ No evidence for need
Has client been referred for psychiatric assessment?
☐ Yes; cl agree ☐ Yes, cl disagree ☐ Not rec.

Has contact been made with treating physicians or other professionals?
☐ Yes ☐ No ☐ NA

Has client been referred for social/legal services?
☐ Job/training ☐ Welfare/food/housing ☐ Victim services
☐ Legal aid ☐ Medical ☐ Other: _____ ☐ NA

Anticipated forensic/legal processes related to treatment:
☐ No ☐ Yes _____

Has client been referred for group or other support services?
☐ Yes ☐ No ☐ NA

Client social support network includes:
☐ Supportive family ☐ Supportive partner ☐ Friends ☐ Religious/spiritual organization ☐ Supportive work/social group ☐ Other: _____

Anticipated effects treatment will have on others in support system (parents, children, siblings, significant others, etc.):

_____

Is there anything else client will need to be successful?

_____

Client Sense of Hope: Little 1----------10 High

Expected Outcome and Prognosis
☐ Return to normal functioning
☐ Expect improvement, anticipate less than normal functioning
☐ Maintain current status/prevent deterioration

Evaluation of Assessment/Client Perspective
How was assessment method adapted to client needs?

_____

Age, culture, ability level, and other diversity issues adjusted for by:

_____

Systemic/family dynamics considered in following ways:

_____

Describe actual or potential areas of client-therapist agreement/disagreement related to the above assessment:

_____