

THE INSTITUTE FOR FAMILY ENRICHMENT

ADULT PSYCHOSOCIAL ASSESSMENT

CLIENT:

AGE:

DATE OF BIRTH:

INTERVIEW DATE:

IDENTIFYING INFORMATION (sex, age, ethnicity, marital status, children):

REASON FOR REFERRAL / SOURCE OF INFORMATION:

CLIENT PREFERENCES:

CHIEF COMPLAINTS:

HISTORY OF PRESENTING PROBLEM / PRESENTING SYMPTOMS (sleep, appetite, memory, mood, psychosis, delusions, obsessions, depersonalization, etc):

HISTORY OF PRESENTING PROBLEM (Cont.):

MEDICAL HISTORY (health conditions, medications, hospitalizations, surgeries, accidents, head injuries, loss of consciousness, allergies, medication allergies, vision, hearing, dental):

Family Medical History:

ALCOHOL / SUBSTANCE USE / ABUSE HISTORY (caffeine, smoking, alcohol, illicit drugs, history of treatment):

Family Alcohol / Substance Use / Abuse History:

MENTAL HEALTH HISTORY (current / prior diagnosis known, treatment history – inpatient / outpatient, medications, efficacy of treatment ie. psychotherapy or medication; history of harm to self / others – when, how many attempts, method, outcome):

Family Mental Health History:

FAMILY HISTORY:

Childhood History:

Adult History:

SOCIAL HISTORY:

Significant Others / Sexual Identification:

Religious / Spiritual Views:

Leisure / Recreational Activities:

Education / Occupational History:

CULTURAL ISSUES:

LEGAL HISTORY (arrests / incarcerations, parole / probation, court order):

CLIENT GOALS:

CLIENT STRENGTHS/ABILITIES (including support network, coping, defense mechanisms):

CLIENT LIMITATIONS / BARRIERS TO TREATMENT:

MENTAL STATUS:

Appearance:

Behavior:

Mood:

Affect:

Thought Process / Content:

Speech:

Hallucinations:

Judgment:

Insight:

Impulse Control:

Orientation / Memory:

Intellectual Functioning:

FORMULATION / INTERPRETIVE SUMMARY:(central themes and challenges – co-occurring conditions, psychosocial, spiritual, vocational, etc.; clinical impressions of unique needs and challenges and impact on treatment; recommended treatment approaches / level of care; utilization of strengths; prognosis for recovery)

DIAGNOSIS:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

RECOMMENDATIONS AND PLAN:

Therapist's Name & Credentials (printed)

Therapist's Signature

Date