

Intake Assessment Form

MRN #

CONSENT FORM: YES NO

Psychosocial Assessment

Date: Start time: Stop time: Total time:

Grade/School or Year Graduated: _____ Male / Female

Name: Age: Birthdate:

Address: Zip Code: Telephone:

(Insert Site) Notice of Privacy Practices Received - Date: _____

- I. **Referral Source:**
- II. **Participants in the evaluation and their relationship to the client:** (if applicable)
- III. **Presenting Complaint:** (Client's or parent's/guardian's own words)
- IV. **History of Presenting Complaint:**

Include if applicable:

Description of mood/behavior/symptoms

- onset
- frequency
- severity
- abates/aggravates the symptoms

Dysfunction in which settings

Type of dysfunction e.g. failing grades/poor sports performance

Impact on day-to-day life

- V. **History of Behavioral Health/Psychiatric Treatment:**

Past diagnoses:

Past medication trials:

Past therapeutic interventions:

Past hospitalizations:

Past suicide attempts:

Past history of self injury behaviors without intent to kill self:

Past history of aggression:

Past history of animal cruelty, fascination with fire, running away, lying, stealing or bedwetting:

VI. **Substance Abuse History:**

- Caffeine:**
- Tobacco:**
- Alcohol:**
- Illicit drugs:**
- IV drug use:**
- Misuse or abuse of prescription drugs:**

VII. **Medical History:**

VIII. **Current Medications:**

IX. **Allergies to any Medications:**

X. **Developmental History:**

Include:

Any complications during (if applicable)

- Pregnancy
- Labor & delivery
- Post-natal

Milestones

- Speech
- Walking
- Toilet training (etc.)

XI. **Family History:**

Include:

- Parents married, never married, divorce etc.
- Custody issues
- Adopted
- Siblings
- Who lives in the home
- Supports
- Include any psychiatric illnesses

XII. **Social History:**

Include:

- Stressors
- Sexual Hx (include when age appropriate)
 - Romantic relationship
 - Awareness of safe sex
 - Sexual orientation
- Add as optional
 - Religious/spiritual beliefs
 - Cultural background
- Supports

Critical Issues:

Abuse history:

Sexual history:

CPS Involvement:

Legal history:

Access to firearms:

XIII. School History:

Include:

- Grades
- Retentions
- Suspensions
- Evaluations
- Extra curriculums activities
- Support Services Received
- Supports

XIV. Risk Factors:

XV. Protective Factors:

XVI. Mental Status Examination: (see attachment)

XVII. Suicide Risk Assessment:

XVIII. Crisis/Safety Plan (if applicable)

XIX. DSM Axis Diagnosis:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

XX. Clinical Impressions: (Include a brief clinical summary of the patient's current symptoms & how these symptoms are causing dysfunction on a day-to-day basis)

XXI. Recommendations:

SUBMITTED BY:

Clinical Therapist

Date