**Clinical Assessment 4.0**

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| Clinician:  4 | Client ID #: | Primary configuration:  Individual Couple Family Other: | Primary Language:  English  Spanish  Other: |
| *List all significant others.*  *Additional identifiers may include: religion, language, immigration status, economic status, neurodiversity, chronic health conditions, presence/role in client’s life, significant hobbies/interest or similar information.*  **Adult(s)**  Adult Age: Gender:       Race/Ethnicity:        Occupation:       Additional identifiers:  Adult Age: Gender:       Race/Ethnicity:       Occupation:       Additional identifiers:  **Child(ren)**  Child Age: Gender:       Race/Ethnicity:       School/Grade:       Additional identifiers:  Child Age: Gender:       Race/Ethnicity:       School/Grade:       Additional identifiers:  Child Age: Gender:       Race/Ethnicity:       School/Grade:       Additional identifiers:  Others in Household/Family/Significant Persons: | | | |

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| **Presenting Concerns** | | | | | | | | |
| Depression/hopelessness  Anxiety/worry  Anger issues  Loss/grief  Suicidal thoughts/attempts  Sexual assault/abuse/rape  Alcohol/drug use  Eating problems/disorders  Job problems/unemployed | | | | Couple concerns  Parent/child conflict  Partner Violence/abuse  Divorce adjustment  Remarriage adjustment  Sexuality/intimacy concerns  Major life changes  Legal issues/probation  Other: | | | Complete for children:  School failure/decline performance  Truancy/runaway  Fighting w/peers  Hyperactivity  Wetting/soiling clothing  Child abuse/neglect  Isolation/withdrawal  Other: | |
| **Mental Status Assessment for Identified Patient** | | | | | | | | |
| **Interpersonal** | | NA | Conflict  Enmeshment  Isolation/Avoidance  Harassment  Other: | | | | | |
| **Mood** | | NA | Depressed/Sad  Anxious  Dysphoric  Angry  Irritable  Manic  Other: | | | | | |
| **Affect** | | NA | Constricted  Blunt  Flat  Labile  Incongruent  Other: | | | | | |
| **Sleep** | | NA | Hypersomnia  Insomnia  Disrupted  Nightmares  Other: | | | | | |
| **Eating** | | NA | Increase  Decrease  Anorectic Restriction  Binging  Purging Other: | | | | | |
| **Anxiety** | | NA | Chronic worry  Panic  Phobias  Obsessions  Compulsions  Other: | | | | | |
| **Trauma Symptoms** | | NA | Hypervigilance  Flashbacks/Intrusive memories  Dissociation  Numbing  Avoidance efforts  Other: | | | | | |
| **Psychotic Symptoms** | | NA | Hallucinations  Delusions  Paranoia  Loose associations  Other: | | | | | |
| **Motor activity/**  **Speech** | | NA | Low energy  Hyperactive  Agitated  Inattentive  Impulsive  Pressured speech  Slow speech  Other: | | | | | |
| **Thought** | | NA | Poor concentration  Denial  Self-blame  Other-blame  Ruminative  Tangential  Concrete  Poor insight  Impaired decision making  Disoriented Other: | | | | | |
| **Socio-Legal** | | NA | Disregards rules  Defiant  Stealing  Lying  Tantrums  Arrest/incarceration  Initiates fights  Other: | | | | | |
| **Other Symptoms** | | NA |  | | | | | |
| **Diagnosis for Identified Patient** | | | | | | | | |
| **Contextual Factors** considered in making diagnosis**:**  Age  Gender  Race/Ethnicity  Language  Religion  Social class  Immigration  Sexual/gender orientation  Cognitive ability  Other:        Describe impact of identified factors on diagnosis and assessment process: | | | | | | | | |
| **DSM-5 Level 1 Cross-Cutting Symptom Measure (optional)**: Elevated scores on: (free at psychiatry.org)  I Depression  II Anger  III Mania  IV Anxiety  V Somatic  VI Suicide  VII Psychosis  VIII Sleep  IX Memory  X Repetitive  XI Dissociation  XII Personality  XIII Substance  Not administered | | | | | | | | |
| **Dx Code** | **Diagnosis with Specifier** *Include Z/T-Codes for Psychosocial Stressors/Issues* | | | | | | | |
| 1.  2.  3.  4.  5. | 1.  2.  3.  4.  5. | | | | | | | |
| **List Specific Criterion Met for Diagnosis**  1.  2.  3.  4.  5. | | | | | | | | |
| **Psychiatric/Medical Considerations**  Has patient been referred for psychiatric/medical evaluation?  Yes  No  Has patient agreed with referral? Yes  No  NA  Psychometric instruments used for assessment:  None  Cross-cutting symptom inventories  Other:  Client response to diagnosis:  Agree  Somewhat agree  Disagree  Not informed for following reason:  **Current Medications (psychiatric & medical)**  NA  1.      ; dose       mg; start date:  2.      ; dose       mg; start date:  3.      ; dose       mg; start date:  4.      ; dose       mg; start date: | | | | | | | | |
| **Medical Necessity:** *Check all that apply*  Significant impairment  Probability of significant impairment  Probable developmental arrest  *Areas of impairment*:  Daily activities  Social relationships  Health  Work/School  Living arrangement  Other: | | | | | | | | |
| **Risk and Safety Assessment for Identified Patient** | | | | | | | | |
| **Suicidality**  No indication/Denies  Active ideation  Passive ideation  Intent without plan  Intent with means  Ideation in past year  Attempt in past year  Family or peer history of completed suicide | | | | | **Homicidality**  No indication/Denies  Active ideation  Passive ideation  Intent without means  Intent with means  Ideation in past year  Violence past year  History of assaulting others  Cruelty to animals | | | **Alcohol Abuse**  No indication/denies  Past abuse  Current; Freq/Amt:  **Drug Use/Abuse**  No indication/denies  Past use  Current drugs:  Freq/Amt:  Family/sig.other use |
| **Sexual & Physical Abuse and Other Risk Factors**  Childhood abuse history:  Sexual  Physical  Emotional  Neglect; Age:  Adult with abuse/assault in adulthood:  Sexual  Physical Current  History of perpetrating abuse:  Sexual  Physical  Emotional  Elder/dependent adult abuse/neglect  History of or current issues with restrictive eating, binging, and/or purging  Cutting or other self harm:  Current  Past: Method:  Criminal/legal history:  Other trauma history:  None reported | | | | | | | | |
| **Indicators of Safety**  NA  At least one outside support person  Able to cite specific reasons to live or not harm  Hopeful  Willing to dispose of dangerous items  Has future goals | | | | | | Willingness 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: | | |
| **Elements of Safety Plan** | | | | | | | | |
| NA  Verbal no harm contract  Written no harm contract  Emergency contact card  Emergency therapist/agency number  Medication management | | | | | | 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  Action: | | | | | | | | |
| **Case Management** | | | | | | | | |
| **Coordinating Care with Other Professionals**   * Has contact been made with treating *physicians or other professionals*:  NA  Yes  In process   Name/Notes:   * If client is involved in mental health *treatment elsewhere*, has contact been made?  NA  Yes  In process Name/Notes: * Has contact been made with *social worker*:  NA  Yes  In process. Name/Notes:   **Referrals**   * Has client been referred for *medical assessment*:  Yes  No evidence for need * Has client been referred for *social services*:  NA  Job/Training  Welfare/Food/Housing  Victim services  Legal aid  Medical  Other: * Has client been referred for *group* or other support services:  Yes:        In process  None recommended * Are there anticipated *forensic/legal processes* related to treatment:  No  Yes; describe:   **Support Network**   * Client social support network includes:  Supportive family  Supportive partner  Friends  Religious/Spiritual organization  Supportive work/Social group  Other: * Describe anticipated effects treatment will have on others in support system (Children, partner, etc.): * Is there anything else client will need to be successful?   **Expected Outcome and Prognosis**  Return to normal functioning  Anticipate less than normal functioning  Prevent deterioration  **Client Sense of Hope:** | | | | | | | | |
| **Evaluation of Assessment/Client Perspective**  How were assessment methods adapted to client needs, including age, culture, and other diversity issues?  Describe actual or potential areas of client-clinician agreement/disagreement related to the above assessment: | | | | | | | | |
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