**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 [ ]  NoHas patient agreed with referral?[ ]  Yes [ ]  No [ ]  NAPsychometric 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)** [ ]  NA1.      ; 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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