Common Information
Informal assessments usually gather the following information:
- Name, address, phone numbers, birthdates, occupations, grade in school
- List of symptoms and concerns
- List of goals for therapy and social/personal resources
- Prior psychological treatment for individual and family
- History of suicidal and homicidal ideation for individual and family
- List of medical conditions and medications for individual and family
- History of sexual, physical, emotional abuse, including domestic violence and assault for individual and family
- Alcohol and drug use history for individual and family
- Legal, work, and/or other social problems for individual and family

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.

<table>
<thead>
<tr>
<th>Client ID # (do not use name):</th>
<th>Ethnicity(ies):</th>
<th>Primary Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Eng □ Span □ Other: _________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Adult: Age: Profession/Employer</th>
<th>Child: Age: School/Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] AM:* ______________________</td>
<td>[ ] CM: ____________________</td>
</tr>
<tr>
<td>[ ] AF: ______________________</td>
<td>[ ] CF: ____________________</td>
</tr>
<tr>
<td>[ ] AF/M #2: __________________</td>
<td>[ ] CF/M #2: ______________</td>
</tr>
</tbody>
</table>

Presenting Problem

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

† 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.
### Mental Status for IP

#### Interpersonal issues
- 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
- Depressed/sad
- Hopeless
- Fearful
- Anxious
- Angry
- Irritable
- Manic
- Other:

#### Affect
- Constricted
- Blunt
- Flat
- Labile
- Dramatic
- Other:

#### Sleep
- Hypersomnia
- Insomnia
- Disrupted
- Nightmares
- Other:

#### Eating
- Increase
- Decrease
- Anorectic restriction
- Binging
- Purging
- Body image
- Other:

#### Anxiety symptoms
- Chronic worry
- Panic attacks
- Dissociation
- Phobias
- Obsessions
- Compulsions
- Other:

#### Trauma symptoms
- Acute
- Chronic
- Hypervigilance
- Dreams/nightmares
- Dissociation
- Emotional numbness
- Other:

#### Psychotic symptoms
- Hallucinations
- Delusions
- Paranoia
- Loose associations
- Other:

#### Motor activity/speech
- Low energy
- Restless/hyperactive
- Agitated
- Inattentive
- Impulsive
- Pressured speech
- Slow speech
- Other:

#### Thought
- Poor concentration/attention
- Denial
- Self-blame
- Other-blame
- Ruminative
- Tangential
- Illogical
- Concrete
- Poor insight
- Impaired decision making
- Disoriented
- Slow processing
- Other:

#### Socio-Legal
- Disregards rules
- Defiant
- Stealing
- Lying
- Tantrums
- Arrest/incarceration
- Initiates fights
- Other:

#### Other symptoms
- Other:

### 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
<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis I</td>
</tr>
<tr>
<td>Primary:</td>
</tr>
<tr>
<td>Secondary:</td>
</tr>
<tr>
<td>Axis II:</td>
</tr>
<tr>
<td>Axis III:</td>
</tr>
<tr>
<td>Axis IV:</td>
</tr>
<tr>
<td>☐ Problems with primary support group</td>
</tr>
<tr>
<td>☐ Problems related to social environment/school</td>
</tr>
<tr>
<td>☐ Educational problems</td>
</tr>
<tr>
<td>☐ Occupational problems</td>
</tr>
<tr>
<td>☐ Housing problems</td>
</tr>
<tr>
<td>☐ Economic problems</td>
</tr>
<tr>
<td>☐ Problems with accessing health care services</td>
</tr>
<tr>
<td>☐ Problems related to interactions with the legal system</td>
</tr>
<tr>
<td>☐ Other psychosocial problems</td>
</tr>
<tr>
<td>Axis V: GAF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>List DSM symptoms for Axis I Dx (include frequency and duration for each). Client meets ____ of ____ criteria for Axis I Primary Dx.</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have medical causes been ruled out?</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ In process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds (psychiatric &amp; medical)</td>
</tr>
<tr>
<td>Dose/Start Date</td>
</tr>
<tr>
<td>☐ None prescribed</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client response to diagnosis:</td>
</tr>
<tr>
<td>☐ Agree ☐ Somewhat agree ☐ Disagree</td>
</tr>
<tr>
<td>☐ Not informed for following reason:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Necessity (Check all that apply):</td>
</tr>
<tr>
<td>☐ Significant impairment</td>
</tr>
<tr>
<td>☐ Probability of significant impairment</td>
</tr>
<tr>
<td>☐ Probably developmental arrest</td>
</tr>
<tr>
<td>Areas of impairment:</td>
</tr>
<tr>
<td>☐ Daily activities</td>
</tr>
<tr>
<td>☐ Social relationships</td>
</tr>
<tr>
<td>☐ Health</td>
</tr>
<tr>
<td>☐ Work/school</td>
</tr>
<tr>
<td>☐ Living arrangement</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment</td>
</tr>
<tr>
<td>Suicidality</td>
</tr>
<tr>
<td>☐ No indication</td>
</tr>
<tr>
<td>☐ Denies</td>
</tr>
<tr>
<td>☐ Active ideation</td>
</tr>
<tr>
<td>☐ Passive ideation</td>
</tr>
<tr>
<td>☐ Intent without plan</td>
</tr>
<tr>
<td>☐ Intent with means</td>
</tr>
<tr>
<td>☐ Ideation past yr</td>
</tr>
<tr>
<td>☐ Attempt past yr</td>
</tr>
<tr>
<td>☐ Family/peer hx of completed suicide</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicidality</td>
</tr>
<tr>
<td>☐ No indication</td>
</tr>
<tr>
<td>☐ Denies</td>
</tr>
<tr>
<td>☐ Active ideation</td>
</tr>
<tr>
<td>☐ Passive ideation</td>
</tr>
<tr>
<td>☐ Intent without means</td>
</tr>
<tr>
<td>☐ Intent with means</td>
</tr>
<tr>
<td>☐ Ideation past yr</td>
</tr>
<tr>
<td>☐ Violence past yr</td>
</tr>
<tr>
<td>☐ Hx assault/temper</td>
</tr>
<tr>
<td>☐ Cruelty to animals</td>
</tr>
</tbody>
</table>

(continued)
(continued)

**Hx Substance Abuse**

- **Alcohol:**
  - □ No indication
  - □ Denies
  - □ Past
  - □ Current

  Freq/Amt: ________________________________

- **Drugs:**
  - □ No indication
  - □ Denies
  - □ Past
  - □ Current

  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 implement safety plan, safety interventions

- □ Developing set of alternatives to self/other harm

- □ Sustained period of safety: ________________________________

**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

**Case Management**

- **Date**
  - 1st visit: ________________________________
  - Last visit: ________________________________

- **Session Freq:**
  - □ Once week
  - □ Every other week
  - □ Other: ________________________________

- **Expected Length of Treatment:**

□ Individual adult

□ Individual child

□ Couple

□ Family

□ Group: ________________________________

□ Yes

□ No

□ NA

□ 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: ________________________________

- 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:

Systemic/family dynamics considered in following ways:

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

Completing a Clinical Assessment

Identifying Information
Generally, a client number is used instead of a name to maximize client confidentiality. Abbreviations are used to refer to the client and significant others:

AF: Adult Female
AM: Adult Male
CF: Child Female
CM: Child Male

These abbreviations can be followed by each person’s age. Other important identifiers are profession or grade in school, ethnicities, and languages spoken. These provide a basic introduction to the client.