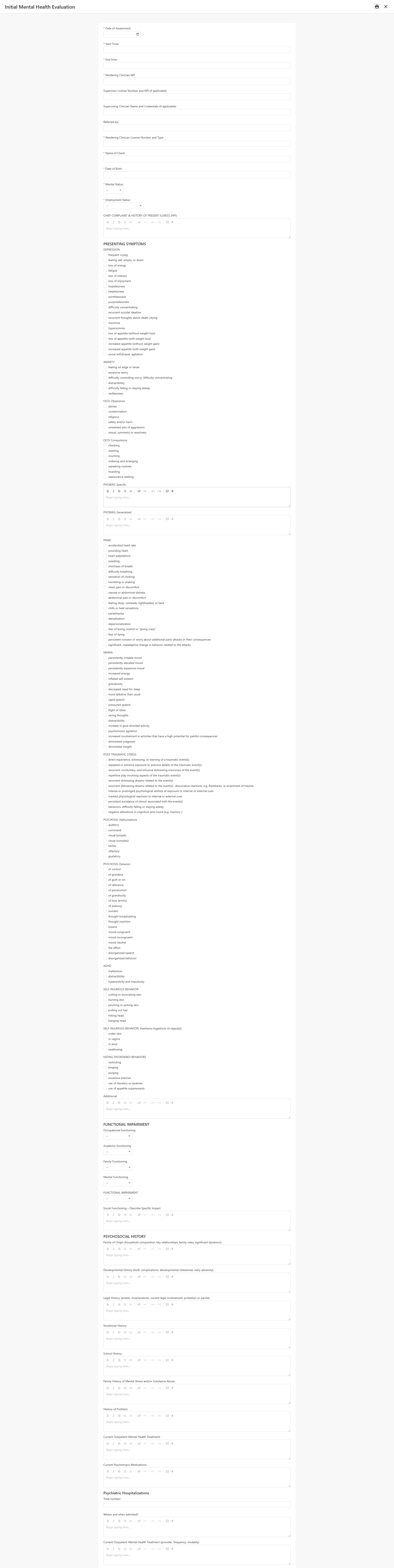

Initial Mental Health Evaluation

* Date of Assessment:

* Start Time:

* End time:

* Rendering Clinician NPI

Supervisor License Number and NPI (if applicable)

Supervising Clinician Name and Credentials (if applicable)

Referred by:

* Rendering Clinician License Number and Type

* Name of Client:

* Date of Birth:

* Marital Status:
--

* Employment Status:
--

CHIEF COMPLAINT & HISTORY OF PRESENT ILLNESS (HPI)
Begin typing here...

PRESENTING SYMPTOMS

DEPRESSION
☐ frequent crying
☐ feeling sad, empty, or down
☐ loss of energy
☐ fatigue
☐ loss of interest
☐ loss of enjoyment
☐ hopelessness
☐ helplessness
☐ worthlessness
☐ purposelessness
☐ difficulty concentrating
☐ recurrent suicidal ideation
☐ recurrent thoughts about death /dying
☐ insomnia
☐ hypersomnia
☐ loss of appetite (without weight loss)
☐ loss of appetite (with weight loss)
☐ increased appetite (without weight gain)
☐ increased appetite (with weight gain)
☐ social withdrawal, agitation

ANXIETY
☐ feeling on edge or tense
☐ excessive worry
☐ difficulty controlling worry, difficulty concentrating
☐ distractibility
☐ difficulty falling or staying asleep
☐ restlessness

OCD: Obsessions
☐ denies
☐ contamination
☐ religious
☐ safety and/or harm
☐ unwanted acts of aggression
☐ sexual, symmetry or exactness

OCD: Compulsions
☐ checking
☐ washing
☐ counting
☐ ordering and arranging
☐ repeating routines
☐ hoarding
☐ reassurance seeking

PHOBIAS: Specific
Begin typing here...

PHOBIAS: Generalized
Begin typing here...

PANIC
☐ accelerated heart rate
☐ pounding heart
☐ heart palpitations
☐ sweating
☐ shortness of breath
☐ difficulty breathing
☐ sensation of choking
☐ trembling or shaking
☐ chest pain or discomfort
☐ nausea or abdominal distress
☐ abdominal pain or discomfort
☐ feeling dizzy, unsteady, lightheaded, or faint
☐ chills or heat sensations
☐ paresthesias
☐ derealization
☐ depersonalization
☐ fear of losing control or “going crazy”
☐ fear of dying
☐ persistent concern or worry about additional panic attacks or their consequences
☐ significant, maladaptive change in behavior related to the attacks

MANIA
☐ persistently irritable mood
☐ persistently elevated mood
☐ persistently expansive mood
☐ increased energy
☐ inflated self-esteem
☐ grandiosity
☐ decreased need for sleep
☐ more talkative than usual
☐ rapid speech
☐ pressured speech
☐ flight of ideas
☐ racing thoughts
☐ distractibility
☐ increase in goal-directed activity
☐ psychomotor agitation
☐ increased involvement in activities that have a high potential for painful consequences
☐ diminished judgment
☐ diminished insight

POST TRAUMATIC STRESS
☐ direct experience, witnessing, or learning of a traumatic event(s)
☐ repeated or extreme exposure to aversive details of the traumatic event(s)
☐ recurrent, involuntary, and intrusive distressing memories of the event(s)
☐ repetitive play involving aspects of the traumatic event(s)
☐ recurrent distressing dreams related to the event(s)
☐ recurrent distressing dreams related to the event(s) , dissociative reactions, e.g. flashbacks, re-enactment of trauma
☐ intense or prolonged psychological distress at exposure to internal or external cues
☐ marked physiological reactions to internal or external cues
☐ persistent avoidance of stimuli associated with the event(s)
☐ behaviors, difficulty falling or staying asleep
☐ negative alterations in cognition and mood (e.g. memory)

PSYCHOSIS: Hallucinations
☐ auditory
☐ command
☐ visual (simple)
☐ visual (complex)
☐ tactile
☐ olfactory
☐ gustatory

PSYCHOSIS: Delusion
☐ of control
☐ of grandeur
☐ of guilt or sin
☐ of reference
☐ of persecution
☐ of grandiosity
☐ of love (erotic)
☐ of jealousy
☐ somatic
☐ thought broadcasting
☐ thought insertion
☐ bizarre
☐ mood-congruent
☐ mood-incongruent
☐ mood-neutral
☐ flat affect
☐ disorganized speech
☐ disorganized behavior

ADHD
☐ Inattention
☐ distractibility
☐ hyperactivity and impulsivity

SELF-INJURIOUS BEHAVIOR
☐ cutting or excoriating skin
☐ burning skin
☐ pinching or picking skin
☐ pulling out hair
☐ hitting head
☐ banging head

SELF-INJURIOUS BEHAVIOR: Insertions-Ingestions of object(s):
☐ under skin
☐ in vagina
☐ in anus
☐ swallowing

EATING DISORDERED BEHAVIORS
☐ restricting
☐ binging
☐ purging
☐ excessive exercise
☐ use of diuretics or laxatives
☐ use of appetite suppressants

Additional:
Begin typing here...

FUNCTIONAL IMPAIRMENT

Occupational functioning
--

Academic functioning
--

Family Functioning
--

Marital Functioning
--

FUNCTIONAL IMPAIRMENT
--

Social Functioning – Describe Specific Impact
Begin typing here...

PSYCHOSOCIAL HISTORY

Family of Origin (household composition, key relationships, family roles, significant dynamics)
Begin typing here...

Developmental History (birth complications, developmental milestones, early adversity)
Begin typing here...

Legal History (arrests, incarcerations, current legal involvement, probation or parole)
Begin typing here...

Vocational History
Begin typing here...

School History
Begin typing here...

Family History of Mental Illness and/or Substance Abuse
Begin typing here...

History of Problem:
Begin typing here...

Current Outpatient Mental Health Treatment:
Begin typing here...

Current Psychotropic Medications:
Begin typing here...

Psychiatric Hospitalizations

Total number:

Where and when admitted?
Begin typing here...

Current Outpatient Mental Health Treatment (provider, frequency, modality)
Begin typing here...

Current Psychotropic Medications (name, dose, prescriber)

Begin typing here...

Total Number of Psychiatric Hospitalizations

Begin typing here...

Psychiatric Hospitalization History (facility, date, duration, reason – most recent first)

Begin typing here...

Prior Outpatient / PHP / IOP Treatment History

Begin typing here...

History of Suicide Attempt(s)?

Begin typing here...

History of Non-Lethal Self-Injury?

Begin typing here...

History of Violence Toward Others?

Begin typing here...

Harm or Cruelty to Animals?

Begin typing here...

Details (describe any Yes responses above – incidents, dates, lethality, circumstances)

Begin typing here...

Outpatient Treatment:

Begin typing here...

Violent Behaviors: Self-Harm

History of suicide attempt(s)?
○ Yes
○ No

History of non-lethal self-injury?
○ Yes
○ No

Harm or cruelty to animals?
○ Yes
○ No

Additional Psychosocial HIstory Information:

Medical History

Current Medical Conditions (include all chronic conditions and approximate onset date)

Begin typing here...

Current Non-Psychiatric Medications (name, dose, prescriber – include OTC and supplements)

Begin typing here...

Primary Care Provider (PCP) Name and Contact

Begin typing here...

Head Trauma?
○ Yes
○ No

Seizures?
○ Yes
○ No

Sleep Disorder?
○ Yes
○ No

SUBSTANCE USE HISTORY

Substance Use:
☐ Alcohol
☐ Tobacco
☐ Cannabis
☐ Opioids
☐ Cocaine
☐ Amphetamines
☐ Hallucinogens
☐ Other
☐ Other Substances – Use Status, Frequency, Quantity, Last Use

Substance Abuse Treatment History:

Begin typing here...

Additional Medical HIstory:

Begin typing here...

ADVERSE CHILDHOOD EXPERIENCES (ACE) & TRAUMA HISTORY

ACE – Abuse History
☐ Emotional
☐ Physical
☐ Sexual
☐ Neglect
☐ Household Dysfunction

ACE – Household Dysfunction
☐ Mental illness in household
☐ Substance abuse in household
☐ Mother treated violently (domestic violence)
☐ Incarcerated household member
☐ Parental separation or divorce

Additional Trauma History (adulthood, community violence, medical trauma, other)

Begin typing here...

Trauma-Informed Care Considerations (sensitivity areas, triggers identified, care adaptations)

Begin typing here...

ACE SCORE

Risk Factors
☐ Male sex
☐ Adolescent, young adult, or elderly age?
☐ Single, divorced, or widowed?
☐ Prior suicide attempt(s)
☐ Access to lethal means (firearms, stockpiled medications)
☐ Recent discharge from psychiatric hospitalization
☐ Recent significant loss
☐ Suicide by family member or close friend
☐ Current or recent substance use
☐ History of abuse or trauma
☐ None identified
☐ Male sex
☐ Chronic pain or serious medical illness
☐ Social isolation
☐ Housing instability
☐ Domestic violence or unsafe living situation

Protective Factors
○ Responsibility to family or children
○ Spiritual/religious beliefs
○ Perceived social support
○ Other
○ None identified
○ Future orientation / reasons for living
○ Currently engaged in treatment
○ Fear of death or pain
○ Moral or religious objection to suicide
○ Problem-solving skills
○ Positive therapeutic alliance
○ Employment / structured daily routine

OVERALL RISK DETERMINATION
☐ Clinician's Clinical Risk Determination
☐ Current Homicidal Ideation

CULTURAL & LINGUISTIC ASSESSMENT

Primary Language:

Is an Interpreter Needed?
--

Was an Interpreter Used This Session?
--

Race / Ethnicity (client-reported, optional)

Cultural Considerations Relevant to Assessment and Treatment

Health Literacy Level

COORDINATION OF CARE

ROI Obtained for PCP Coordination?
--

ROI Obtained for Psychiatry / Prescribing Provider?
--

Coordination Completed This Session?
--

Coordination of Care Notes (other providers, referrals made, referrals received)

Begin typing here...

MENTAL STATUS EXAMINATION (MSE)

General Appearance and Behavior
☐ Male
☐ Female
☐ clean, dirty
☐ neatly dressed
☐ meticulously dressed
☐ inappropriately dressed
☐ disheveled
☐ malodorous
☐ underweight
☐ slight build
☐ medium build
☐ overweight
☐ obese
☐ sitting with relaxed posture
☐ stiff posture
☐ slumped posture
☐ sweating
☐ flushing
☐ handwringing
☐ skin picking
☐ skin scratching
☐ pulling hair
☐ stroking hair
☐ head banging
☐ hitting self

Eye Contact
--

Manner
☐ formal
☐ dramatic
☐ suspicious
☐ guarded
☐ glib
☐ angry
☐ seductive
☐ ingratiating
☐ evasive
☐ friendly
☐ inappropriately familiar
☐ hostile
☐ easily startled
☐ cooperative
☐ uncooperative

Attentiveness To Examiner
☐ Attentive
☐ Distractible
☐ Disinterested