



Smith & Associates Mental Health

(OFFICE USE)

Bio-Psychosocial Evaluation

Name: _____ Date: _____

Others Present: _____ () Partial Session () Entire Session

Client's Complaints: () Anxiety () Depression () Panic Attacks () Sleep () Appetite () Motivation () Energy
() Irritability () Concentration () Anger () Bothersome Thoughts () Libido () Obsessions () Compulsions
() Grief/Loss () Sexual Dysfunction () Relationship/Marital Conflict () Substance Abuse () Family Issues
() Separating/Divorce () Issues at School/Work/Home () Phobias () Emotional/Physical Abuse
() Gender Identity Issues () Recent Hospitalizations () Chronic Pain () Health Concerns

Significant Life History

(developmental/Social/Medical/Psychiatric) _____

Mental Health Status:

Appearance: () Well Groomed () Unkempt () Thin () Obese () Inappropriate Dress () Appropriate Dress
() Calm () Restless () Hostile () Worried () Odd mannerism

Behavior Gait: () Steady () Unsteady () Slow () Cautious () Uses Cane/Walker () Wheelchair

Mood: () Sad () Euphoric () Agitated () Appropriate () Anxious

Affect: () Flat () Blunted () Dull () Constricted () Labile () Sad () WNL

Speech: () Rapid () Pressured () Loud () Soft () Slurred () Poverty of Speech () Spontaneous () ESL

Thought

Process: () Coherent () Circumstantial () Tangential () Loose Association () Perseveration () Flight of Ideas

Orientation: () Disoriented in time, place or person () Immediate Memory Deficit () Memory WNL

() Remote Memory Deficits () Concentration () Attention

Insight/

Judgment: () Poor () Moderate () Good

Thought

Content: () Hallucination () Delusions () Obsessions () Phobia () Magical Thinking () On Self and Situation

() Disordered Thoughts () Suicidal-Plan () Homicidal – plan or intent



Smith & Associates Mental Health

Diagnosis Axis I _____ Axis II _____
Clinical Disorder Personality Disorder

Axis III _____ Axis IV _____
General Medical Disorder Psychosocial/Environmental Problems

Axis V Current _____ Past Year _____
Global Assessment

- _____
- _____
- _____
- _____

Treatment Plan:

Referrals/Recommendations:

Individual Tx:

Couple/Family Tx:

Psych Eval:

Return to PCP:

Signature

Date



Smith & Associates Mental Health

Treatment Plan Review

Date: _____

Mental Health Status:

Appearance: Well Groomed Unkempt Thin Obese Inappropriate Dress Appropriate Dress
 Calm Restless Hostile Worried Odd mannerism

Behavior Gait: Steady Unsteady Slow Cautious Uses Cane/Walker Wheelchair

Mood: Sad Euphoric Agitated Appropriate Anxious

Affect: Flat Blunted Dull Constricted Labile Sad WNL

Speech: Rapid Pressured Loud Soft Slurred Poverty of Speech Spontaneous ESL

Thought

Process: Coherent Circumstantial Tangential Loose Association Perseveration Flight of Ideas

Orientation: Disoriented in time, place or person Immediate Memory Deficit Memory WNL

Remote Memory Deficits Concentration Attention

Insight/

Judgment: Poor Moderate Good

Thought

Content: Hallucination Delusions Obsessions Phobia Magical Thinking On Self and Situation

Disordered Thoughts Suicidal-Plan Homicidal – plan or intent

Plan:

Referral:

Signature _____

Date _____