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| **Dina Vitoux, LCSW****License #SW001074****NPI #1245322239** |

**--------------------------------------- Diagnostic Summary ---------------------------------------**

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| **Client Name**: |  | **DOB**: |  | **1st Date of Service**: |  |
| **Gender:** |  | **Marital Status:** |  | **Ct. #**: |  | **E-mail:** |  |

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| **CONTACT INFORMATION** |
| **Address:** |  |
| **Cell Phone:** |  | **Work Phone:** |  | **Home Phone:** |  |
| **OK to leave message:**  No  Yes | **OK to leave message:**  No  Yes | **OK to leave message:**  No  Yes |
| **Preferred Phone:** Home  Work  Cell  |
| **Call in Case of Emergency** |
| **Name:** |   |
| **Phone:** |  | **Email:** |  |
| **Relationship to client:** |  |
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| **CURRENT LIFE SITUATION** |
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| **Who Referred You?** |
| **Name:**  |   | **May I contact the referral to thank them?** |  Yes  No |
| **Phone #:** |  | **Email:**  |  |
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| **Living situation** |
|  alone  w/ family  rooming house  group residence  foster care  other: |  |
| *Household members and ages:* |  |
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| **Culture**  |
| Race: |  |
| Language spoken at home: |  |
| Religion/Faith/Spirituality raised in if any: |  |
| Religion/Faith/Spirituality currently practice if any: |  |
|  |
| **Social club/organization** |
|  No |  Yes (*description)*: |  |
|  |
| **Other agencies or providers involved** |
|  None |  Yes (*description)*: |  |
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| **Developmental History** *(birth, walking, talking, toilet training, etc.)* |
|  None |  Yes (*description)*: |  |
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| **Education** |
| Highest grade completed (K-12) or college/university (U1-U8): |  |
|  None |  The following was reported: |
| Learning Disabilities  No  Yes (*explain)*: |  |
| Additional Education  No  Yes (*explain)*: |  |
| Further comments on above  No  Yes (*explain)*: |  |
|  |
| **Legal Issues** |
|  None |  Yes (*description)*: |  |
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| **Vocational** *(Job/Career training and/or work experience)* |
|  None |  Yes (*description)*: |  |
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| **Military Service** |
|  None |  Yes (*description)*: |  |
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| **RELEVENT MEDICAL HISTORY** |

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| **PCP Name:** |  |
| **Address:** |  |
|  | **Zip:** |  |
| **Phone:** |  | **Fax:** |   |

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| **Illnesses and Allergies** |
|  None reported  the following was reported  |
| **Type of****Illness or Allergy** | **Date or****Age of Onset** | **Medications** | **Relevant Information** | **Severity** |
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| **Mental Health History** |
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| **Psychiatrist Name:** |  |
| **Address:** |  |
|  | **Zip:** |  |
| **Phone:** |  | **Fax:** |  |

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| **Current Psychiatric Medication/s** |
|  None reported  the following was reported |
| **Medication** | **Dosage** | **Prescriber** | **Date Started** | **Side Effects** |
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| **Previous Psychiatric Hospitalizations, Individual and/or Group Treatment** |
|  None reported the following was reported |
| **Dates or Age** | **Therapist or Hospital** | **Type of TX** | **Reason/Symptoms/Medications** | **Outcome** |
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| **Current Presenting Problem**  |
| Why client is seeking services: |  |
| **Dates or****Age of Onset** | **Symptoms** | **Behavioral Example of Symptom** | **Severity**mild, moderate, severe, extreme | **Duration** | **Medication** |
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| **Mental Health History**Biological Family | Mother | Father | Sister/s | Brother/s | Grdmother | Grdfather | Aunt/Uncle |
| Depression |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |
| Panic |  |  |  |  |  |  |  |
| Alcohol/drug abuse (specify): |  |  |  |  |  |  |  |  |
| Eating D.O. (specify): |  |  |  |  |  |  |  |  |
| Bipolar D.O. |  |  |  |  |  |  |  |
| Mania |  |  |  |  |  |  |  |
| Schizophrenia |  |  |  |  |  |  |  |
| Paranoia |  |  |  |  |  |  |  |
| Learning Disability(specify): |  |  |  |  |  |  |  |  |
| ADHD |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |
|  |
| **Mental Health History**Adopted or Foster Family | Mother | Father | Sister/s | Brother/s | Grdmother | Grdfather | Aunt/Uncle |
| Depression |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |
| Panic |  |  |  |  |  |  |  |
| Alcohol/drug abuse (specify) |  |  |  |  |  |  |  |  |
| Eating D.O. (specify): |  |  |  |  |  |  |  |  |
| Bipolar D.O. |  |  |  |  |  |  |  |
| Mania |  |  |  |  |  |  |  |
| Schizophrenia |  |  |  |  |  |  |  |
| Paranoia |  |  |  |  |  |  |  |
| Learning Disability (specify): |  |  |  |  |  |  |  |  |
| ADHD |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |
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| **Other Relevant Family History (***Relevant loss/separation, significant illness, traumatic events, domestic violence, substance abuse, abuse/neglect, etc. of parents/care-givers, siblings)* |

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|  None  The following was reported |
| **Date or Age** | **Description** |
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| **TRAUMA HISTORY** |

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| **Physical/Sexual/Emotional Abuse and/or Neglect of Client** |
|  None  The following was reported: |  |
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| **Intimate Partner Violence** |
|  None  The following was reported: |  |

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| **SUBSTANCE ABUSE HISTORY** |
|  None reported  The following was reported |
| **Date &/or Age** | **Type of Substance** | **Describe** *(frequency, intensity, duration)* | **Follow-up or Result** |
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| **SELF HARM & RISK ASSESSMENT** |
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| **Past Suicide Attempts (SA) &/or Suicidal Ideation (SI)** |
|  None reported  the following was reported |
| **Date &/or Age** | **Relevant Information** | **Follow-up or Result** |
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| **Current Risk Assessment to Self or Others** |
| **Suicide**  | **Homicide** | **Assault**  | **Other**: |  | **Safety Plan** (\*if high risk): |
|  High\*  |  High\* |  High\* |  High\* |  |
|  Plan |  Plan |  Plan |  Plan |
|  Means |  Means |  Means |  Means |
|  Access  |  Access |  Access |  Access |
|  Intent |  Intent |  Intent |  Intent |
|  Medium |  Medium |  Medium |  Medium |
|  Low |  Low |  Low |  Low |
|  NA |  NA |  NA |  NA |
|  Safety Plan |  Safety Plan |  Safety Plan |  Safety Plan |
|  **Frequency, Intensity, Duration:** |  |
|  |
| **Other** (*relevant information not contained in previous sections, or additional information/elaboration)* |
|  None reported.  The following is relevant |
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| For therapist to complete |
| **DIAGNOSTIC FORMULATION** |
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| **Identifying information** |
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| **Reason client is seeking services** |
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| **Relevant Mental Status**  |
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| **Symptoms** |
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| **Barriers to Tx** *(T and Z Codes or bio-psych-social-stressors and their impact on symptoms/functioning)* |
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| **Community resources recommended or involved** |
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| **Summary of mental health issues, hospitalizations, TX and any relevant medical issues** *(particularly if extensive and/or within the last year)* |
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| **Client’s Strengths** |
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| **DIAGNOSIS** |
| **Mental Health Diagnosis** | **ICD 10** | **Severity** | **Bio/Psycho/Social Stressors****or T and Z Codes**  | **ICD 10** | **Severity** |
| **Primary**: |  |  |  |  |  |  |
| **Secondary**: |  |  |  |  |  |  |
| **Tertiary**: |  |  |  |  |  |  |

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| **TX Strategies** |
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| **Signature:** |  | **Licensure:** |  | **Date:** |  |