



BEHAVIORAL HEALTH SYSTEMS

CLINICAL ASSESSMENT REPORT AND TREATMENT PLAN

Check One: [ ] Initial Assessment [ ] Continuing Care (Only Sections E-J) Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_ [ ] Male [ ] Female

Insured Employer: \_\_\_\_\_ Provider Name, Licensure: \_\_\_\_\_

A. Presenting Problems (Check all that apply):

- Anger, Impaired judgment, Elevated mood, Guilt, Helplessness, Hyperactivity, Impulsiveness, Obsessions, Panic attacks, Somatic complaints, Appetite disturbance, Withdrawn, Sleep disturbance, Delusional, Anxiety, Compulsions, Poor concentration, Decreased energy, Depressed mood, Dissociative state, Fears, Grief, Hallucinations, Irritability, Memory loss, Oppositional, Paranoia, Worthlessness, Binging, Purging, Marital conflict, Family conflict, Physical fighting, Learning disability, Grandiosity, Distractibility

Symptoms have been present for: [ ] < 1 Mo [ ] 1-6 Mos [ ] 7-12 Mos [ ] > 1 Yr
Physical/Sexual Trauma Victim At What Age: \_\_\_\_\_
Physical/Sexual Trauma Perpetrator
Legal problems: \_\_\_\_\_
Substance Abuse (including substance, amount, and frequency): \_\_\_\_\_

B. Previous Treatment History:

- Psychiatric: None, Outpatient, Inpatient
Substance Abuse: None, Outpatient, Inpatient
Medication History: Has patient been treated with psychotropic medication? [ ] Yes [ ] No
Is the patient compliant with medication regimen? [ ] Yes [ ] No
Prescribing provider: [ ] Psychiatrist [ ] PCP [ ] Pediatrician [ ] Other

C. List psychotropic medications, dosage and frequency:

D. Other pertinent medical information:

E. Risk Assessment (Check all that apply):

- Suicidality: [ ] Not present [ ] Ideation [ ] Plan [ ] Means [ ] Prior attempt
Homicidality: [ ] Not present [ ] Ideation [ ] Plan [ ] Means [ ] Prior attempt
Other dangerous or self-injurious behaviors: \_\_\_\_\_

F. Current Level of Functioning (Please rate level of impairment in each area):

Table with 7 columns: None, Minimal, Mild, Moderate, Severe, Profound, Comments. Rows: Marriage/family, Work/school performance, Social, Activities of daily living.

Other Factors / Pertinent Information Impacting Treatment (e.g., family/social history, test results, lab values, comorbid issues): \_\_\_\_\_

