

ASSESSMENT

Name: _____

Date of Birth: _____

Age: _____

Social Security #: _____

Gender: ☐ Male ☐ Female Preferred Pronouns: _____

Race/Ethnicity: _____

Preferred Language: _____

Address: _____

Phone Number: _____

E-mail address: _____

AHCCCS Coverage: ☐ No ☐ Yes: If yes AHCCCSID #: _____ and AHCCCS Health Plan: _____

Insurance Coverage: _____

Emergency Contact: Name: _____

Address: _____

Phone Number: _____

Primary Care Physician: Name: _____

Address: _____

Phone Number: _____

Place of Evaluation: _____

Date of Evaluation: _____

Referral Source: _____ if other, specify who: _____

Evaluator/Credentials: _____ Phone Number: _____

MEDICAL HISTORY:

Medical Conditions		
Condition	No/Yes	Additional Information (onset, treatment, etc.)
Diabetes	☐ No ☐ Yes	
Heart Disease (High blood pressure, heart attacks, etc.)	☐ No ☐ Yes, If yes, what:	
Strokes	☐ No ☐ Yes	
Lung Disease (Asthma, COPD, Emphysema, etc.)	☐ No ☐ Yes If yes, what:	
Seizures	☐ No ☐ Yes	
Cancer	☐ No ☐ Yes If yes, what type:	
Liver/Kidney Disease	☐ No ☐ Yes	

Name:
DOB:

Medical Conditions		
Condition	No/Yes	Additional Information (onset, treatment, etc.)
Thyroid Disorder	☐ No ☐ Yes <i>If yes, what type:</i>	
Hepatitis	☐ No ☐ Yes <i>If yes, what type:</i>	
HIV/AIDS	☐ No ☐ Yes ☐ Deferred	
History of head trauma/injuries	☐ No ☐ Yes	
Chronic pain	☐ No ☐ Yes	
Other Conditions:		
Allergies?	☐ No ☐ Yes, <i>If yes, explain:</i>	
Surgeries?	☐ No ☐ Yes, <i>If yes, explain:</i>	
Number of pregnancies and number of live births?		
Difficulties because of medical issues?		

MENTAL HEALTH HISTORY:

Mental Health Treatment			
Type	Where	When	Why/Diagnosis
Other:			

MEDICATIONS:

Current Medications (psychiatric and medical)		
Medication	Dosage	Additional Information (i.e. reason for Rx and abuse or adherence)
Side effects?		
Efficacy of current and past medications?		

MENTAL HEALTH SYMPTOMS:

Symptoms
Description (including onset, precipitating events, duration, frequency, triggers, and specific examples like quotes):
Difficulties because of symptoms?
How will you know if things are better/improving?
What type of assistance do you feel you need?

Risk Assessment	
History of suicide attempts?	☐ No ☐ Yes <i>If yes, explain:</i>
Current ideation, intent, plans, or access to means?	☐ No ☐ Yes <i>If yes, explain:</i>
Most recent suicidal ideation? Was there intent or a plan?	
History of harming others?	☐ No ☐ Yes <i>If yes, explain:</i>
Current ideation, intent, plans, or access to means?	☐ No ☐ Yes <i>If yes, explain:</i>
Most recent homicidal ideation? Was there intent or a plan?	
History of self-injurious behavior?	☐ No ☐ Yes <i>If yes, explain:</i>
Was Duty to Warn completed?	☐ No ☐ Yes <i>If yes, explain:</i>

SUBSTANCE ABUSE HISTORY:

Substance Abuse			
Type	First Use	Last Use	History/ Pattern of use (type, amount, and frequency)
Other:			
Drug of choice?			
Longest period of sobriety? How did they function during sobriety?			
History of substance abuse treatment?	No Yes, <i>If yes, explain:</i>		
Cigarette Smoker?	No Yes, <i>If yes, how many packs a day:</i>		
How has substance abuse impacted functioning?			
Additional Information:			

LEGAL HISTORY:

Legal	
History of arrests?	☐ No ☐ Yes <i>If yes, explain:</i>
Sentences?	
Additional Information:	

EDUCATION & EMPLOYMENT HISTORY:

Education	
Highest level of Education?	
Special Education?	☐ No ☐ Yes <i>If yes, explain:</i>
Additional Information:	
Employment	
Currently Employed?	☐ Yes ☐ No <i>If yes describe the job (type of work, PT or FT, etc.), If no describe the last job:</i>
Work history	
Barriers to employment	

INTERPERSONAL FUNCTIONING:

Social History	
Raised by?	
Siblings?	
Description of Childhood:	
History of Abuse?	☐ No ☐ Yes <i>If yes, describe:</i>
Developmental Milestones (walk, talk, and potty train)	☐ Met ☐ Not Met, <i>explain:</i>
Complications at birth?	
Family history of mental illness, suicides, medical issues, and substance abuse?	
Relationship Status:	☐ Single ☐ Committed Relationship ☐ Married ☐ Separated ☐ Divorced ☐ Widowed <i>Relationship History:</i>
Children:	
Friendships:	

GENERAL FUNCTIONING:

Living Situation		
Living Arrangements		
Method of Transportation		
Source of Finances		
Activities of Daily Living		
Type of Activity	Denied problems	Difficulty reported (please explain)
▪ Bathing	☐	☐
▪ Grooming/Hygiene	☐	☐
▪ Preparing food	☐	☐
▪ Mobility	☐	☐
▪ Housework	☐	☐
▪ Shopping	☐	☐
▪ Managing money	☐	☐
▪ Taking medication	☐	☐
Typical day		
When asked to describe their typical day they replied, “ .”		
Hobbies/Leisure Activities		

BEHAVIORAL OBSERVATIONS:

General Appearance	
Apparent Age	☐ Age-Consistent ☐ Younger ☐ Older
Height	☐ Average ☐ Short ☐ Tall
Weight	☐ Average ☐ Obese ☐ Overweight ☐ Thin ☐ Emaciated
Attire	☐ Casual ☐ Neat ☐ Tattered ☐ Dirty
Grooming	☐ Well-Groomed ☐ Disheveled ☐ Unkempt ☐ Adequate ☐ Immaculate
Additional information:	

Demeanor/Interaction	
Mood (<i>as reported by the individual</i>)	
Affect (<i>as observed by the evaluator</i>)	☐ Euthymic ☐ Dysphoric ☐ Upbeat ☐ Irritable ☐ Anxious ☐ Angry ☐ Euphoric ☐ Flat ☐ Constricted ☐ Labile
Eye Contact	☐ Appropriate ☐ Minimal ☐ Poor ☐ Adequate ☐ Constant
Cooperation	☐ Good ☐ Resistant ☐ Hostile ☐ Defensive ☐ Evasive ☐ Apathetic
Additional information:	
Speech	
Articulation	☐ Goal-Directed ☐ Unintelligible ☐ Mumbled ☐ Slurred ☐ Stuttered ☐ Clear
Tone	☐ Normal ☐ Soft ☐ Loud
Rate	☐ Normal ☐ Slow ☐ Verbose ☐ Pressured
Response Latency	☐ Within Normal Limits ☐ Delayed ☐ Shortened
Additional Information:	
Motor Activity	
Gait	☐ Normal ☐ Staggering ☐ Shuffling ☐ Slow ☐ Awkward ☐ Use of Cane
Posture	☐ Normal ☐ Relaxed ☐ Rigid ☐ Tense ☐ Slouched ☐ Erect
Psychomotor activity	☐ Within Normal Limits ☐ Calm ☐ Hypoactive ☐ Restless ☐ Hyperactive ☐ Agitated
Mannerisms	☐ None ☐ Tics ☐ Tremors ☐ Rocking ☐ Picking ☐ Grimacing
Additional Information:	
Cognition	
Thought Content	☐ Unremarkable ☐ Illogical ☐ Ruminations ☐ Negative ☐ Other:
Thought Processes	☐ Logical/Coherent ☐ Tangential ☐ Circumstantial ☐ Vague
Delusions	☐ No ☐ Yes <i>If yes, what type:</i> ☐ Grandiose ☐ Persecutory ☐ Somatic ☐ Erotomanic ☐ Jealous ☐ Other:
Perception (<i>as observed by the evaluator – i.e. responding to unseen others</i>)	☐ Unremarkable ☐ Auditory Hallucinations ☐ Visual Hallucinations ☐ Tactile Hallucinations ☐ Olfactory Hallucinations ☐ Gustatory Hallucinations
Judgment	☐ Good ☐ Partial ☐ Limited ☐ Poor ☐ None
Impulse Control	☐ Good ☐ Partial ☐ Limited ☐ Poor ☐ None
Insight	☐ Good ☐ Partial ☐ Limited ☐ Poor ☐ None
Additional Information:	
Intelligence	
Estimated intelligence	☐ Average ☐ Below Average ☐ Above Average ☐ Borderline Intellectual Functioning ☐ Intellectual disability ☐ Unable to determine
Additional Information:	

MENTAL STATUS:

Mini Mental Status Exam		
Category	Measurement	Results
Orientation	Asked about person, place, time, and situation.	
Attention	Asked to complete Serial 7's (counting backwards from 100 in increments of 7) and the "world" task (spelling the word "world" forwards and backwards).	
Immediate Recall	Asked to repeat three words: "Robin, Blue, and St. Louis."	
Naming	Asked to identify a pen and watch.	
Repetition	Asked to repeat the phrase: "No Ifs, ands, or buts."	
Following Instructions	Asked to take a piece of paper in their right hand, fold it in half, and set it on the table.	
Reading	Was shown a piece of paper that read, "close your eyes," and asked to read it and do what it says.	
Writing	Instructed to write a sentence of their choosing.	
Construction	Asked to draw a clock with the hands pointing to 11:10 am.	
Delayed Recall	Asked to recall the above words after a five minute delay.	
Higher Executive Functioning		
Category	Measurement	Results
Current events	Asked to name the last three presidents of the United States.	
Judgment	Asked what they would do if they encountered a burning house in their neighborhood and a stamped, sealed, and addressed envelope on the street.	
Problem solving	Asked to identify the similarity between an apple and a banana and a car and a boat.	
Abstract thinking	Asked the meaning of the following proverbs: "Don't cry over spilled milk" and "Rome wasn't built in a day."	

Additional information	
Clinical records obtained: ☐ Yes ☐ No If no, explain:	
Pend options: ☐ 20 day ☐ EEP ☐ 3 Day: If 3 day, explain:	

SUMMARY:

Clinical Summary:

DIAGNOSTIC IMPRESSION:

Assessor’s Name (print) / Signature

Credentials/Position

Date

Supervisor’s Name (print) / Signature

Credentials/Position

Date