# Ann Anderson Counseling & Consulting

**COMPREHENSIVE CLINICAL & PSYCHOSOCIAL ASSESSMENT**

**LIMITS TO CONFIDENTIALITY EXPLAINED:** ☐ Yes ☐ No

**SOURCES OF INFORMATION:** ☐ Client ☐ Family ☐Friend ☐ Medical Record ☐ Referral Source
☐Caregiver ☐ Other (Specify):

**Client Provided With Number to Crisis Hotline?** ☐YES ☐NO
**Reason Client requested counseling:**

**HISTORY OF PRESENTING PROBLEM:**

**HISTORY OF CURRENT AND PRIOR TREATMENT:**
**RESPONSE TO CURRENT AND PRIOR TREATMENT:**

**Original FAMILY/HOME ENVIRONMENT HISTORY:**

**Current Living Environment:**

**MILITARY HISTORY/ HISTORY OF TRAUMA AND/OR ABUSE**

**'CULTURAL AND SPIRITUAL FACTORS:**

**MENTAL STATUS EXAM:**
Appearance: ☐Well Groomed ☐Disheveled ☐Poor Hygiene ☐Bizarre appropriate
Attitude: ☐Cooperative ☐Uncooperative ☐Suspicious ☐Guarded ☐Belligerent
Motor Activity: ☐ Calm ☐ Hypoactive ☐ Restless ☐ Agitated ☐ Repetitive Behavior
Affect: ☐ Appropriate ☐ Flat ☐ Constricted ☐ Expansive ☐ Blunted ☐ Labile
Mood: ☐ Euthymic ☐ Sad ☐ Anxious ☐ Elevated ☐ Irritable ☐ Angry
Speech: ☐ Spontaneous ☐ Delayed ☐ Excessive ☐ Pressured ☐ Loud ☐ Incoherent ☐ Soft
Thought Process: ☐ Focused ☐ Blocking ☐ Circumstantial ☐ Tangential ☐ Perseverative ☐ Loose Associations

**THOUGHT CONTENT**
Hallucinations: ☐ None ☐ Command ☐ Auditory ☐ Visual ☐ Olfactory ☐Running Commentary
Delusions: ☐ None ☐ Present
Suicidal Ideation: ☐ Present ☐ With Plan ☐ With Plan and Means ☐ Not Present
Homicidal Ideation: ☐ Present ☐ With Plan ☐ With Plan and Means ☐ Not Present
Other Content: ☐ Illusions ☐ Obsessions ☐ Thought Insertion/Withdrawal

**SENSORY/COGNITIVE**
Orientation: ☐ Intact ☐ Impaired/Time ☐ Impaired/Place ☐ Impaired/Person
Memory: ☐Intact ☐ Impaired/Immediate ☐ Impaired/Recent ☐ Impaired/Remote
Concentration: ☐ Intact ☐ Impaired
Insight: ☐Good ☐ Limited ☐ Poor
Judgment: ☐ Good ☐ Limited ☐ Poor

**MENTAL STATUS – ADDITIONAL COMMENTS:**

**HISTORY OF SUICIDAL IDEATION/HOMICIDAL IDEATION:**
History/plans to hurt yourself or someone else? Plan? How likely are you to follow through with these thoughts?

**Safety Plan needed YES/ NO**
**RELATIONSHIPS WITH CHILDREN, IF ANY; IF UNDER AGE 18, HISTORY OF SEXUAL BEHAVIOR:**

**HISTORY OF HIGH RISK BEHAVIORS/**

**HISTORY OF SUBSTANCE USE:**

**HISTORY OF OTHER ADDICTIVE BEHAVIOR**

**Medical: see Intake Form**

**GESTATIONAL HISTORY:**

**DEVELOPMENTAL HISTORY:**

**SOURCES OF FINANCIAL SUPPORT (MOST RECENT 12 MONTHS):**

**FINANCIAL STRESS:**

**EMPLOYMENT/EDUCATION HISTORY:**

**CURRENT/PAST LEGAL INVOLVEMENT:**

**IDENTIFIED STRENGTHS:**

**IDENTIFIED BARRIERS/LIMITATIONS:**

**IDENTIFIED SUPPORTS:**

DX from Past

**Client Provided With Number to Crisis Hotline?** ☐YES NO ☐

**Safety Plan Needed**
☐YES NO ☐

**Clinician name:**