| Psychology Resources: Mental Health Assessment

Date:

Name: _____

DOB: _____

Address: _____

Practitioner: _____

History Taking

Referral:

_____

_____

_____

_____

Presenting Problem (Onset, Duration, Course, Severity):

_____

_____

_____

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Medical & Psychiatric History:

Past Psychiatric History (Self & Family):

_____

_____

_____

_____

Past Medical History & Hospitalisations:

_____

_____

_____

_____

Current Medications:

_____

_____

_____

_____

Substance Use and/or Abuse:

Substance: _____ *Frequency:* _____ *Amount:* _____

Substance: _____ *Frequency:* _____ *Amount:* _____

Substance: _____ *Frequency:* _____ *Amount:* _____

Substance: _____ *Frequency:* _____ *Amount:* _____

Other:

_____

_____

Psychosocial History: :

Developmental History:

_____

_____

_____

_____

Family Background:

_____

_____

_____

_____

Personal Situation & Relational Status:

_____

_____

_____

_____

_____

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_____

Educational History, Strengths, & Pursuits:

_____

_____

_____

_____

Religious, Cultural, Forensic, Sexual, Trauma History:

_____

_____

_____

_____

Risk Assessment

Current risk of self-harm: N/A ☐   Ideation ☐   Intent ☐   Plan ☐   Means ☐

Describe:

_____

_____

_____

_____

Current risk to harm others: N/A ☐   Ideation ☐   Intent ☐   Plan ☐   Means ☐

Describe:

_____

_____

_____

_____

History of harm (self or other):

_____

_____

_____

_____

At risk of abuse or victimisation: Yes ☐   No ☐   Describe:

_____

_____

_____

_____

Clients current coping strategies and strengths:

_____

_____

_____

_____

Mental Health Examination

1. Appearance
☐ Casual dress, normal grooming & hygiene
☐ Other:_____

2. Attitude
☐ Calm & cooperative
☐ Other:_____

3. Behaviour
☐ No unusual psychomotor movement
☐ Other:_____

4. Speech
☐ Normal rate/tone/volume/pressure.
☐ Other:_____

5. Affect
☐ Reactive   ☐ Normal range congruent
☐ Labile   ☐ Constricted
☐ Tearful   ☐ Flat
☐ Blunted   ☐ Other:_____

6. Mood
☐ Euthymic   ☐ Depressed
☐ Irritable   ☐ Anxious
☐ Elevated   ☐ Other:_____

7. Thought Process
☐ Goal-directed & Logical   ☐ Other:_____
☐ Disorganised

8. Thought Content
☐ Delusions   ☐ Other:_____
☐ Phobias
☐ Obsessions/Compulsions

9. Perception
☐ No hallucinations or delusions during interview
☐ Other:_____

10. Orientation
☐ Evidence of orientation to person/place/time
☐ Other:_____

11. Memory & Centration
☐ Short Term intact   ☐ Other:_____
☐ Distractible/Inattentive

12. Insight & Judgement
Insight: ☐ Good   ☐ Fair   ☐ Poor
Judgement: ☐ Good   ☐ Fair   ☐ Poor

Case Formulation

Predisposing Factors:

_____

_____

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_____

_____

Precipitating Factors:

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_____

_____

Presenting Factors:

_____

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_____

_____

_____

Perpetuating Factors:

_____

_____

_____

_____

_____

Protective Factors:

_____

_____

_____

_____

_____

Mental Health Assessment Summary

Date: _____

Name: _____

DOB: _____

Address: _____

Practitioner: _____

Clinical Diagnosis(s):

DSM-5 Criteria & Code: _____

Summary:

_____

_____

_____

_____

_____

Impact on Global Functioning: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Symptom Impact on Functioning:

_____

_____

_____

_____

_____

Discussed Recommended Treatment: ☐ No ☐ Yes (Describe):

_____

_____

_____

Name: _____

Signature: _____

Date: _____