ASSESSMENT INTAKE FORM

CLIENT:

DATE:

REFERRAL SOURCE:

IDENTIFYING INFORMATION:

 (Age, ethnicity, disability, gender, sexual orientation, handedness, etc.)

PRESENTING PROBLEM:

BIRTH HISTORY/DEVELOPMENTAL HISTORY

Prenatal/Postnatal complications?

Developmental milestones met?

What did your parents tell you about how you interacted with them when you were an infant? (Assessing social relatedness: e.g., eye-contact, smiling, babbling)

PHYSICAL HEALTH

Past hospitalizations? Surgeries?

Previous head injuries/loss of consciousness/concussion/seizures?

Medications:

Eating:

Sleep:

SUBSTANCE USE

Caffeine:

Nicotine:

Alcohol:

Marijuana:

Other drugs:

Any prescription medication used without prescription / used differently than

prescribed?

EMOTIONAL HEALTH

SI/HI Assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Suicide: | Denied | Ideation | Intent | Plan |
| Homicide: | Denied | Ideation | Intent | Plan |

If any of the above options were selected, please explain here:

What is your current mood? Stable?

Depression?

How long?

Past episodes?

Energy level?

Anhedonia?

Crying spells?

Psychomotor retardation/agitation? Sexual interest?

Feelings of hopelessness? worthlessness? (revisit weight and sleep above) Suicidal/homicidal ideation:

Current?

Past ideation? Past attempts? Hospitalizations?

` Anxiety?

Panic?

Fears?

Obsessions/compulsions?

Past therapy or assessment? When? Who? Report available? Consent for info

exchange?

|  |  |
| --- | --- |
| **In the past six months:**  |  |
| Q1 |  |
| 1. Have you often not paid enough attention to details or made careless mistakes at work, in your schoolwork or in other activities?
 | NO YES |
| 1. Have you often had trouble keeping your attention focused on tasks?
 | NO YES |
| 1. Have you often been told you do not listen when others talk directly to you?
 | NO YES |
| 1. Have you often had trouble following through with what you were told to do (like not following through or finishing duties at work, in schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren’t trying to be difficult? IF NO TO ANY, CODE NO
 | NO YES |
| 1. Have you often had a hard time organizing tasks and activities?
 | NO YES |
| 1. Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)?  Do you dislike or do you hesitate to do things that make you concentrate or think hard? IF YES TO EITHER, CODE YES
 | NO YES |
| 1. Have you often lost or forgotten things you needed?
 | NO YES |
| 1. Do you often get distracted easily by little things (like sounds or things outside the room)?
 | NO YES |
| 1. Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?
 | NO YES |
| Q1 SUMMARY: ARE 6 OR MORE Q1 ANSWERS CODED, YES? | NO YES |
| **In the past six months:**  |  |
| Q2 |  |
| 1. Did you often fidget with your hands or feet?  Or did you squirm in your seat? IF YES TO EITHER, CODE YES
 | NO YES |
| 1. Did you often get out of your seat when you were expected to remain seated?
 | NO YES |
| 1. Did you have feelings of restlessness and want to move around a lot when you were not supposed to?
 | NO YES |
| 1. Have you often had a hard time playing or doing leisure activities quietly?
 | NO YES |
| 1. Were you always “on the go” or did you act as if you were “driven by a motor"?
 | NO YES |
| 1. Have you often been told that you talked too much?
 | NO YES |
| 1. Have you often blurted out answers or responses before the other person had finished the question?
 | NO YES |
| 1. Have you often had trouble waiting your turn?
 | NO YES |
| 1. Have you often interrupted other people (like butting in when other people are talking or busy or when they are on the phone)?
 | NO YES |
| Q2 SUMMARY: ARE 6 OR MORE Q2 ANSWERS CODED, YES?  | NO YES |
| Q3 Did you have problems paying attention, being hyper, or impulsive before you were 7 years old?  | NO YES(Skip next page if NO) |
| Q4 Did these things cause problems at work or at school? At home? With your family? With your friends? CODE YES ONLY IF TWO OR MORE ARE ENDORSED YES  | NO YES(Skip next page if NO) |
|  |  |
| ADHD Diagnostic Type |
| Are Q1 SUMMARY and Q2 SUMMARY coded YES? | NO YESADHD COMBINED is clinically indicated |
|  |  |
| Is Q1 SUMMARY coded YES and Q2 SUMMARY coded NO? | NO YESADHD INATTENTIVE is clinically indicated |
|  |  |
| Is Q1 SUMMARY coded NO and Q2 SUMMARY coded YES? | NO YESADHD HYPERACTIVE/IMPULSIVE is clinically indicated |
|  |  |

HISTORY

Family history

Childhood history

Where did you grow up?

Who raised you? Relationship with parents/caregivers? Move often?

Describe your childhood

Traumatic events (experienced or witnessed serious accident, natural disaster, assaulted, unwanted sexual experiences):

CURRENT LIVING SITUATION

Describe place

?

Who lives there?

Any financial problems?

RELATIONSHIPS

Current partner? Describe relationship.

Children?

Ages?

Live with you or no?

Family contact?

Frequency?

Type?

Social contacts/friends? Social involvement/activities?

STRENGTHS/PROTECTIVE FACTORS

What renews your spirit or brings you peace? (Can include family/cultural practices, church involvement, religious groups, philanthropy, nature, etc.)

Friends? Close relationships? Activities?

Hobbies/interests?

Stress level?

How do you cope?

OCCUPATIONAL HISTORY

Present job?

Types and lengths of employment: Ever fired? For what reason?

EDUCATIONAL HISTORY

Current status/degrees?

Major?

Current GPA?

High school and grammar school Grades?

Truancy?

Behavioral problems?

LEGAL PROBLEMS

Arrests?

Court hearings?

Traffic or speeding tickets?

MENTAL STATUS EXAM

Appearance/Dress?

Orientation

What is your name?

Where are we?

What time is it (without looking at watch or clock)? What are we doing?

Attitude toward interviewer

Psychomotor activity during interview Observed affect

ASSESSMENT/FORMULATION

(E.g., "Ct is a x-yd single white female who self-referred due to concerns about difficulty paying attention that she reports have worsened this semester. Ct endorsed symptoms of depressed mood and anxiety that appear to coincide with relationship conflict and have onset during junior year of high school. Biological factors that may be influencing clinical presentation include chronic migraines and difficulty sleeping. Psychologically, client presents with an internalizing coping style and a tendency to avoid confrontation, potentially related to past trauma history. Socially, client reports numerous friends, but denies open discussion about her stressors with anyone for fear of "bringing anyone down". Client appears motivated to obtain help at this time for the sake of her grades, which she reports have dropped from As to Bs. Further assessment is needed to provide a comprehensive evaluation of cognitive, psychological, and social factors affecting her academic functioning.")

PLAN