

**A New Path Psychotherapy Services
Molly Dean, LCSW
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Phoenix, AZ 85028**

Initial Assessment

Client name: _____ Date _____

Presenting issues per client:

Risk Assessment:

Abuse, violence present in the home: No / Yes

Have you ever been arrested? No / Yes

Are you currently on probation or parole? No / Yes

Have you ever considered suicide? No / Yes

Have you ever attempted suicide? No / Yes

Have you ever harmed yourself intentionally? No/Yes

Have you ever physically/emotionally/sexually abused by another? No / Yes

Comments:

Family History:

NAME	AGE	LOCATION	QUALITY OF RELATIONSHIP
Mother:	_____	_____	_____
Father:	_____	_____	_____
Sibling:	_____	_____	_____
Sibling:	_____	_____	_____
Sibling:	_____	_____	_____
Sibling:	_____	_____	_____
Partner/Spouse:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Other family history/cultural:	_____	_____	_____

Substance use/abuse history:

SUBSTANCE:	AGE BEGAN	LAST USE	FREQUENCY OF USE
Alcohol	_____	_____	_____
Cannabis	_____	_____	_____
Coc/Crack/Meth	_____	_____	Route: _____
Other illegal drugs	_____	_____	Route: _____
Perscription	_____	_____	_____
Tobacco	_____	_____	Caffeine

Statement on eating disorder if applicable:

Restriction _____

Bingeing _____

Compulsive over eating _____

Purging _____

Exercising _____

Another _____

Mental Health Treatment History: No / Yes

Explain: _____

Lifetime Hospitalization History: No / Yes

Explain: _____

Recent stressors AND Strengths/Managing Techniques/ Supports:

FOR THERAPIST TO COMPLETE:

Mini-mental status evaluation/current symptoms/functioning:

Vocational/work status: _____

Sleep: _____ Appetite: _____

Concentration: _____ Nutrition: _____

Anxiety: _____ Mood: _____

Appearance WNL /or: _____ Attitude: Cooperative, Guarded, Agitated, Other: _____

MMSE Orientation: Person, Place, Time **Motor Activity:** Calm, Hypo, Hyper

Memory per client report: WNL/Impaired Judgement/Insight WNL/or _____

Affect: WNL/or: _____ **Speech:** WNL/or: _____

Thought Process: Intact, Tangential, Concrete Content: WNL/or:

Provisional Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V current GAF: _____

Additional comments:

Client Name: _____

Comments: _____

Molly Dean, LCSW _____ DATE ____ / ____ / ____
