PRESENTING PROBLEM

CURRENT MENTAL STATUS

General appearance:
Dress:
Motor Activity:
Insight:
Judgment:
Affect:
Mood:
Orientation:
Memory:
Attention / Concentration:
Thought Content:
Perception:
Flow of Thought:
Interview Behavior:
Speech:
SAFETY ISSUES

Patient has intent to act
- Yes ☐ No ☐
Patient has plan to act
- Yes ☐ No ☐
Patient has means to act
- Yes ☐ No ☐

Additional information:
- Yes ☐ No ☐

BACKGROUND INFORMATION

Identification:

History of Present Problem:

Past Psychiatric History:

Trauma History:

Family Psychiatric History:
Comprehensive Diagnostic Assessment

Clinician:  
Practice Name:  
Contact Number:  
Location/Address:  

Patient:  
Date and Time:  
Duration:  
Participants:  

Medical Conditions and History:

Current Medications:

Substance Use:

Family History:

Social History:

Developmental History:

Educational / Occupational History:

Legal History:

Strengths / Liabilities:
Comprehensive Diagnostic Assessment

Clinician:  
Practice Name:  
Contact Number:  
Location/Address:  

Patient:  
Date and Time:  
Duration:  
Participants:  

DIAGNOSIS:

_____________________________  _________________________________
Print Name  
Signature  

_____________________________  _________________________________
Date  
License Number  

Lynn.guzman/clinicalinformation/form:comprehensivediagnosticassessment
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