**Greater Malden Behavioral Health**

Psychosocial Assesment

**Initial  Re-asessment**

**Date Assessment Begun:** Enter a date. **Date Assessment Was Completed:** Enter a date.

**Client Name:** Click or tap to enter a date. **Medical Record#:** Click or tap here to enter text.

**Date of Birth:** Enter a date **Age:** Click or tap here to enter text. **Martial Status:** Choose an item.

**Assigned Sex:  Male  Female (for insurance purposes) Prefered Gender:** Click to enter text.

**Ethnicity:** Choose an item.

**Presenting Problem (Client and Guardian Perception):** Click or tap here to enter text.

**History of Presenting Problem (Events, precipitating factors, or incidents leading to need for services):** Click or tap here to enter text.

**Frequency/duration/severity/cycling of symptoms:** Click or tap here to enter text.

**Was there a clear time when symptoms worsened?** Click or tap here to enter text.

**Family mental health history:** Click or tap here to enter text.

**Suicide Risk Assessment ( Describe suicidal ideation, intent, and/or plan):** Click or tap here to enter text.

**History of self-harm behavior ( Describe present and past behavior):** Click or tap here to enter text.

**Homicidal Risk Assessment( Describe homicidal ideation, intent, and/or plan):** Click or tap here to enter text.

**Violence/Abuse Assessment (Describe abuse history in detail, include history of client as abuser and/or abused. Include physical, emotional, verbal, sexual and any other form of abuse):** Click or tap here to enter text.

**MENTAL STATUS EXAM:**

**Appearance:**

Well-groomed  Adequately groomed  Unkempt  Malodorous

**Facial and body expressions**:

Appropriate  Angry  Anxious  Depressed  Restless   
  Rigid/Tense  Slumped

**Attitude**

Cooperative  Domineering  Guarded  Provocative  Submissive  Uncooperative

**Affect/Mood**:

Appropriate to content  Constricted  Flat  Inappropriate to content.  Labile

**Mood/Emotional:**

Normal  Anxious  Angry  Depressed  Dysthymic

**State:**

Euphoric  Expansive  Irritable  Lethargic  Manic

**COGNITION:**

**Orientation:**

Fully Oriented to Person, Place, and Time  Name deficit  Not Oriented

**Memory:**

Normal  Impaired immediate recall  Impaired recent memory

**Thought Content:**

Appropriate  Auditory/Visual Hallucinations  Delusions  Hypomania  Ideas of Reference  Obsessive-Compulsive  Paranoia  Preoccupations  Thought Insertion

**Thought Process:**

Coherent, Logical  Blocking  Decreased thought flow  Distractibility  Flight of Ideas

Loose Association  Neologisms  Perseveration  Phobias  Tangential

**SYMPTOMS:**

**Addictions: Children/Adolescents: Sleep Disturbances:**

Alcohol use  Acting out/disruptive behavior  Difficulty falling asleep

Drug use  Age-inappropriate wetting/soiling  Difficulty staying asleep

Excess shopping  Behavioral problems  Sleep a lot

Excess working  Cognitive issues  Wakes early/often

Gambling Developmental problems

**Trauma:**

Relapses  Failing grades  Anxiety & restlessness

Urges/Stinking thinking  Lack of attention/focus  Fearful

Other: nightmares  Learning issues  Flashbacks

Oppositional behavior  Not trusting  Lying

School problems  Perpetrator  Hyper vigilant

Supersensitive  Dissociation  Smearing

Flooding  Irritability  Panic attacks  Other:\_\_\_

**Eating Issues:**

Anorexia  Appetite changes  Bingeing/purging  Laxative/diuretic abuse

**Esteem Issues:**

Fearfulness  Withdrawn/shy  Relationship discord

Guilt  Other: \_  Social problems

Hopelessness  Tearful  Worthless

Somatic Complaints

**Self-Injurious Behavior:**

Cutting/Mutilation  Reckless  Suicide attempt  Suicidal ideation

**Genogram**

Circle identified client. Include names, health issues, and job  
Addictions (#1minimum- #5 addicted); Deaths-“🞎” \_\_/\_\_ Separate; \_\_//\_\_Estranged (divorce)  
 “==” Connected; “ ---” Disconnected; “ ” Enmeshed; “ ” Conflict; “ ” Conflicted enmeshment

Click or tap here to enter text.

**Therapy (Prior treatment history):** Click or tap here to enter text.

**Substance Abuse History (Onset of substance use, type of substance used, frequency):** Click or tap here to enter text.

**Family History of Addiction (Past & Current):** Click or tap here to enter text.

**Legal History (Include custody status, arrest, convictions, State involvement, divorce, separation, immigration status, restraining orders and any other legal history):** Click or tap here to enter text.

**Education (Include grade level, learning disabilites, academic performance, degrees earned, educational goals):** Click or tap here to enter text.

**Employment/Vocational (Describe employment history and employment goals):** Click or tap here to enter text.

**Military Service (Describe branch of service, years serviced, and combat history. If no military services state no history of military service):** Click or tap here to enter text.

**Current Family and Significant Relationships:** Click or tap here to enter text.

**Pregnancy and Birth (planned, stressors, bonding/attachment, etc.):** Click or tap here to enter text.

**Childhood/Adolescent History (Were developmental milestones met at a normal rate, past behavioral concerns):** Click or tap here to enter text.

**Social Relationships:** Click or tap here to enter text.

**Cultural/Ethnic beliefs and practices (include cultural traditions as well as the culture of the family dynamics such as eating dinner together each night):** Click or tap here to enter text.

**Spiritual/Religious (Describe practices, supports, stressors related to spiritual/religious beliefs):** Click or tap here to enter text.

**Sexuality (Include sexual orientation, and sexual history):** Click or tap here to enter text.

**Self-esteem ( describe client's self-esteem):** Click or tap here to enter text.

**Strengths and Weakness (Discuss strengths and weaknesses identified by client and others):** Click or tap here to enter text.

**Fears and Anxieties:** Click or tap here to enter text.

**Leisure/Recreational Activities:** Click or tap here to enter text.

**Community Involvement:** Click or tap here to enter text.

**Client's values about health and wellness (does the client have annual medical checkups, does the client exercise regularly, does the client practice good nutrition):** Click or tap here to enter text.

**Medical History ( include illness, surgeries, disabilities, medications; including dosage, medical diagnosis, allergies, and any additional medical issues):** Click or tap here to enter text.

**Physical Pain (Is pain acute or chronic, location of pain, frequency, management of pain symptoms):** Click or tap here to enter text.

**Primary Care Physician (Name, Agency, Telephone Number):** Click or tap here to enter text.

**Eating habits (include unusual eating habits):** Click or tap here to enter text.

**Eating Disorder (Include induced vomiting, binge eating and other behaviors related to eating disorders):** Click or tap here to enter text.

**Dental History (How often does the client have dental checkups, has the client had dental procedures, does the client have difficulty chewing or other dental problems):** Click or tap here to enter text.

**Current weight has the client lost or gained 10 pounds or more in the past three months. This information is based on medical documentation from PCP or viewing the client weighing themselves):** Click or tap here to enter text.

**Stage of Change (Is the client in the Pre-contemplation, Contemplation, Preparation, Action, or Maintenance Phase):** Click or tap here to enter text.

**Motivations for change:** Click or tap here to enter text.

**What are the client's goals for therapy:** Click or tap here to enter text.

**Formulation (Support diagnosis using the DSM-5 to explain symptoms):** Click or tap here to enter text.

**Axis I Diagnosis:** Click or tap here to enter text.

**Evaluator Name & Credentials:** Click or tap here to enter text.

**Evaluator Signature:**

**Date:** Click or tap to enter a date.

**Supervisor Name & Credentials:** Click or tap here to enter text.

**Supervisor Signature:**

**Date:** Click or tap to enter a date.