Mental Health Assessment for Adults

I. Personal Information:

Name: ____________________

Date of Birth: ____________________

Gender: ____________________

Address: ____

Phone Number: ____________________

Email: ____________________

II. Presenting Concerns:

Reason for Seeking Assessment:

Brief History of the Presenting Concerns:

Onset and Duration:

Impact on Daily Functioning:

Previous Attempts at Resolution:

III. Medical History:

Current Medications:

Medical Conditions:

History of Psychiatric Hospitalizations:

Substance Use History:

- Alcohol: ____
- Drugs (Specify): ____

Family History of Mental Health Disorders:

IV. Psychosocial History:

Educational Background:

Occupation:

Relationship Status:

Living Situation:

Cultural and Religious Influences:

V. Mental Status Examination:

Note: This section involves the clinician's observation and assessment of the individual's appearance, behavior, mood, affect, thought process, thought content, perception, cognition, insight, and judgment.

Appearance and Behavior:

Mood and Affect:

Thought Process and Content:

Perception:

Cognition:

- Orientation:
- Memory:
- Concentration:
- Insight and Judgment:

VI. Standardized Assessment Tools:

PHQ-9 (Patient Health Questionnaire-9):

- Score: ________________

GAD-7 (Generalized Anxiety Disorder-7):

- Score: ________________

MADRS (Montgomery-Åsberg Depression Rating Scale):

- Score: ________________

Other Relevant Assessment Tools (if applicable):

VII. Additional Information:

Trauma History:

Support System:

Stressors and Coping Mechanisms:

Goals for Treatment:

VIII. Recommendations and Follow-up:

Initial Treatment Recommendations:

Referrals (if needed):

Follow-up Plan: