

DIAGNOSTIC SUMMARY

CLIENT

DOB:

DATE OF FIRST SESSION:

DSM-IV DIAGNOSIS:

AXIS I:

AXIS II:

AXIS III:

- AXIS IV:
- ☐ Problems with primary support group:
 - ☐ Problems related to the social environment:
 - ☐ Educational problems:
 - ☐ Occupational problems:
 - ☐ Housing problems:
 - ☐ Economic problems:
 - ☐ Problems with legal system/crime:
 - ☐ Problems with access to health care services:
 - ☐ Other psychosocial and environmental problems:

AXIS V: Current GAF=

RISK ASSESSMENT:

Present Suicide Risk:

- ☐ None
- ☐ Low
- ☐ Moderate
- ☐ High

Present Self-Injurious Behavior Risk:

- ☐ None
- ☐ Low
- ☐ Moderate
- ☐ High

Present Abuse/Physical Violence Risk:

- ☐ None
- ☐ Low
- ☐ Moderate
- ☐ High

Last 3 months

- ☐ None
- ☐ Ideation
- ☐ Intent
- ☐ Plan
- ☐ Attempt

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- ☐ Attempt

MENTAL STATUS SUMMARY

- | | | | | | |
|----------------|---------------------------------------|---|-------------------------------------|--------------------------------------|--|
| APPEARANCE: | <input type="checkbox"/> Well-groomed | <input type="checkbox"/> Adequately groomed | <input type="checkbox"/> Disheveled | | |
| ATTITUDE: | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Guarded | <input type="checkbox"/> Defensive | <input type="checkbox"/> Hostile |
| SPEECH: | <input type="checkbox"/> Normal | <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud | <input type="checkbox"/> Soft | <input type="checkbox"/> Rapid |
| MOOD: | <input type="checkbox"/> Neutral | <input type="checkbox"/> Euthymic | <input type="checkbox"/> Anxious | <input type="checkbox"/> Depressed | <input type="checkbox"/> Irritable/Angry |
| AFFECT: | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Expansive | <input type="checkbox"/> Labile | <input type="checkbox"/> Constricted | <input type="checkbox"/> Blunted |
| MOOD & AFFECT: | <input type="checkbox"/> Congruent | <input type="checkbox"/> Incongruent | | | <input type="checkbox"/> Hesitant/Slow |
| | | | | | <input type="checkbox"/> Manic |
| | | | | | <input type="checkbox"/> Flat |

MOTOR ACTIVITY:

☐ Calm

☐ Active

☐ Hyperactive

☐ Lethargic

☐ Tremors/Tics

THOUGHT CONTENT:

☐ Appropriate

☐ Phobias

☐ Obsessions

☐ Delusions

☐ Hallucinations

MEMORY IMPAIRMENT:

☐ Intact

☐ Immediate

☐ Recent

☐ Remote

IMPULSE CONTROL:

☐ Adequate

☐ Impaired

JUDGMENT:

☐ Adequate

☐ Poor

☐ Impaired

INSIGHT:

☐ Adequate

☐ Limited

☐ Absent

ATTENTION/CONCENTRATION:

☐ Adequate

☐ Distracted

☐ Disorganized

THOUGHT PROCESS:

☐ Coherent

☐ Tangential

☐ Loose Associations

☐ Perseverative

☐ Detailed

☐ Vague

☐ Confused

☐ Rigid