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**Mental Health Clinical Assessment**

**Name of Pt: DOB: Age:** **[ ]  F** **[ ]  M**

**Symptoms:**

**Presenting Problem:**

**[ ]  Depression**

**[ ]  Low energy**

**[ ]  Poor concentration**

**[ ]  Hopelessness**

**[ ] Guilt**

**[ ]  Low self-esteem**

**[ ]  Sleep disturbance**

**[ ]  Appetite disturbance**

**[ ]  Thoughts of hurting**

 **yourself**

**[ ]  Thoughts of hurting**

 **someone**

**[ ]  Isolation**

**[ ]  Sadness/loss**

**[ ]  Stress**

**[ ]  Anxiety/panic**

**[ ]  Heart pounding/racing**

**[ ]  Chest pain**

**[ ]  Trembling/shaking**

**[ ]  Sweating**

**[ ]  Chills/hot flashes**

**[ ]  Tingling/numbness**

**[ ]  Fear of dying**

**[ ]  Nausea**

**[ ]  Phobias**

**[ ] Obsessions/compulsive**

 **behaviors**

**[ ]  Thoughts racing**

**[ ]  Can’t hold onto an idea**

**[ ]  Easily agitate**

**[ ]  Excessive behaviors**

**[ ]  Delusions/hallucinations**

**[ ]  Not thinking**

 **clearly/confusion**

**[ ]  Feelings that you are not**

 **real**

**[ ]  Feelings that things**

 **around you are not real**

**[ ]  Disrespectful**

**[ ]  Unpleasant thoughts**

 **won’t go away**

**[ ]  Anger/frustration**

**[ ]  Easily annoyed**

**[ ]  Disobedient**

**[ ]  Blames others**

**[ ]  Argues**

**[ ]  Excessive use of**

 **alcohol/drugs**

**[ ]  Excessive use of**

 **prescription/meds.**

**[ ]  Blackouts**

**[ ]  Physical abuse**

 **issues**

**[ ]  Sexual abuse issues**

**[ ]  Spousal abuse issues**

**[ ]  Other problems/**

 **symptoms**

**History of Presenting Problem:**

**Psychiatric Hospitalizations/History of Mental Illness:**

**Medications:**

**­­­­Allergies:**

**Medical History:**

**­­­­­­­­­­**

**Substance Use:**

**Dangerous or Serious Condition(s):**

**[ ]  Suicidal**

**[ ]  Domestic Violence**

**[ ]  Sexual Abuse**

**[ ]  Physical Abuse**

**[ ]  Verbal Abuse**

**[ ]  Violence**

**[ ]  Problems with Gangs**

**[ ]  Truancy**

**[ ]  School Suspensions (-)**

**[ ]  Transfers (-)**

**[ ]  Perpetrator of Abuse (-)**

**Education: (Special Education, IEP, Grades)**

**Family/Relationship History:** **[ ]  Adoptive** **[ ]  Foster** **[ ]  Legal Guardian**

**Developmental History: (Pregnancy, Postpartum, Infancy, Milestones)**

**Living Situation:**

**Legal Situation:**

**Level of acculturation:**

**Religion:**

**Community Resources:**

**Summary:**

**Conviction of Felony/ Jail Time?** **[ ]  Yes** **[ ]  No**

**What was the conviction for?**

**Length of Jail Time?**

**Dr. Cortizo’s DSM IV Diagnosis:**

**DSM-IV Diagnosis: Code**

**Description**

**[ ]  AXIS I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  AXIS II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  AXIS III \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  AXIS IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  AXIS V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prognosis:** **[ ]  Good** **[ ]  Fair** **[ ]  Guarded** **[ ]  Poor**

**MENTAL STATUS EXAM:**

**APPEARANCE:**

Grooming: [ ]  Normal [ ]  Disheveled [ ]  Unusual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HYGENE:** [ ]  Normal [ ]  Body odor [ ]  Bad Breath [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTOR ACTIVITY:**

[ ]  Relaxed [ ]  Restless [ ]  Pacing [ ]  Sedate [ ]  Threatening [ ]  Catatonic [ ]  Posturing [ ]  Mannerisms

[ ]  Psychomotor Retardation [ ]  Tremors [ ]  Tics [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERPERSONAL:** [ ]  Cooperative [ ]  Oppositional/Resistant [ ]  Defensive [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPEECH:** [ ]  Normal [ ]  Pressured [ ]  Slow [ ]  Dysarthric [ ]  Apraxic

**EXPRESSIVE LANGUAGE:**

[ ]  Normal [ ]  Circumstantial [ ]  Anomia [ ]  Paraphasia [ ]  Clanging [ ]  Echolalia [ ]  Incoherent [ ]  Neologisms

**RECEPTIVE LANGUAGE:** [ ]  Normal [ ]  Abnormal

**MOOD:** [ ]  Normal [ ]  Euphoric [ ]  Elevated [ ]  Depressed [ ]  Angry [ ]  Irritable [ ]  Anxious

**AFFECT:** [ ]  Broad [ ]  Restricted [ ]  Blunted [ ]  Flat [ ]  Inappropriate [ ]  Labile

**ORIENTATION:** [ ]  Normal [ ]  Abnormal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESTIMATED IQ:** [ ]  Above Average [ ]  Average [ ]  Below Average

**ATTENTION:** [ ]  Normal [ ]  Distractible [ ]  Hypervigilant

**CONCENTRATION:** [ ]  Normal [ ]  Brief

**MEMORY:** Recent Memory: [ ]  Normal [ ]  Abnormal

 Short-term Memory: [ ]  Normal [ ]  Abnormal

 Remote Memory: [ ]  Normal [ ]  Abnormal

**THOUGHT PROCESSES:**

[ ]  Normal [ ]  Blocking [ ]  Loose Associations [ ]  Confabulation

[ ]  Flight of Ideas [ ]  Grandiosity [ ]  Paranoia [ ]  Magical Thinking [ ]  Obsessions

[ ]  Perseveration [ ]  Delusions [ ]  Depersonalization [ ]  Suicidal Ideation [ ]  Homicidal Ideation [ ]  Other \_\_\_\_\_\_\_\_\_

**HALLUCINATION:** [ ]  None [ ]  Auditory [ ]  Visual [ ]  Olfactory [ ]  Gustatory

**JUDGEMENT:** [ ]  Good [ ]  Fair [ ]  Poor

**INSIGHT:**  [ ]  Good [ ]  Fair [ ]  Poor

**IMPULSE CONTROL:** [ ]  Good [ ]  Fair [ ]  Poor

**TREATMENT PLAN:**

|  |  |  |
| --- | --- | --- |
| **PROBLEM** | **GOAL** | **INTERVENTION** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Referral to MD:** **[ ]  Yes** **[ ]  No Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of visits: Family \_\_\_\_\_\_\_\_\_\_\_ Individual \_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Provider’s Signature Date**