

Comprehensive Clinical Assessment Form

This **comprehensive clinical assessment form** sample is specifically designed for social workers to gather detailed client information efficiently. It facilitates holistic evaluation by covering various domains such as mental health, social history, and risk factors. Utilizing this form ensures accurate documentation and supports effective care planning.

Client Demographics

Full Name:

Date of Birth:

Gender:

Select...

Contact Information:

Emergency Contact:

Presenting Problem & Reason for Referral

Describe the presenting problem:

Referral Source:

Social & Family History

Who does the client live with?

Family relationships & dynamics:

Cultural/Religious Background:

Mental Health & Psychiatric History

History of mental health issues (diagnoses, hospitalizations):

Current & past psychiatric medications:

Medical History

Chronic illnesses, significant past medical events:

Primary Care Physician:

Risk Assessment

Risk of harm to self (suicidal ideation, self-injury, recent attempts):

Risk of harm to others (threats/violence, recent incidents):

History of abuse/neglect:

Substance Use

Current/past substance use (alcohol, drugs, tobacco):

Previous substance use treatments:

Strengths & Supports

Personal strengths:

Community, cultural, and family supports:

Assessment Summary & Recommendations

Summary of findings:

Recommendations for intervention/care plan:

Submit Assessment