

Initial Psychiatric Clinical Assessment Form Sample

The **initial psychiatric clinical assessment form** sample is a vital tool for gathering comprehensive patient information during the first psychiatric evaluation. It ensures systematic documentation of mental health history, current symptoms, and treatment plans. This form enhances accurate diagnosis and personalized care planning.

Patient Information

Full Name:

Date of Birth:

Gender:

Select

Contact Information:

Presenting Complaint & Symptoms

Presenting Complaint:

Current Symptoms:

Mental Health History

Past Psychiatric Illness:

Previous Hospitalizations:

Past/Current Psychiatric Medications:

Family Psychiatric History:

Substance Use History

Substances Used (if any):

Social & Occupational History

Occupation/Education:

Living Situation:

Support System:

Mental Status Examination

Appearance & Behavior:

Mood/Affect:

Thought Process/Content:

Perceptual Disturbances:

Cognition:

Insight & Judgment:

Risk Assessment

Suicidal/Homicidal Ideation:

Diagnosis & Treatment Plan

Provisional Diagnosis:

Initial Treatment Plan:

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