

# Detailed Initial Mental Health Assessment Form

This **mental health assessment** form sample provides a comprehensive framework for evaluating a patient's psychological well-being. It facilitates the systematic collection of personal history, symptoms, and risk factors, ensuring accurate diagnosis and treatment planning. Utilizing this detailed form enhances the effectiveness of initial mental health evaluations.

## Patient Information

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**Full Name:**

**Date of Birth:**

**Gender:**

 Select... ▾

**Contact Number:**

**Address:**

## Presenting Problem

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**Describe the main reason for the assessment:**

## History of Present Illness

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**Onset, duration, and progression of symptoms:**

## Psychiatric History

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**Previous mental health diagnoses and treatments:**

**Current psychiatric medications (if any):**

## Medical History

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**Significant medical conditions and treatments:**

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## Family Psychiatric and Medical History

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**Family history of mental health or medical conditions:**

## Social & Developmental History

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**Education, employment, relationships, development milestones, substance use:**

## Mental Status Examination

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**Appearance:**

**Behavior:**

**Mood/Affect:**

**Speech:**

**Thought process/content:**

**Perceptions (hallucinations, etc):**

**Cognition (orientation, memory, concentration):**

**Insight/judgment:**

## Risk Assessment

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**Suicide risk (ideation, plan, intent):**

Self-

**harm or harm to others:**

**History of trauma/abuse:**

## Diagnostic Impressions

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Preliminary DSM/ICD diagnosis:

## Treatment Plan & Recommendations

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Suggested interventions, referrals, goals:

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