

# 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:**

**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:**

## 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:**

Submit Assessment