

# Clinical Evaluation Form Sample for Psychiatric Assessment

A **clinical evaluation form** sample for psychiatric assessment is essential for systematically documenting patient history, symptoms, and diagnosis. This standardized form facilitates comprehensive mental health evaluations, ensuring accurate and consistent data collection. Utilizing such templates improves clinical decision-making and patient care outcomes.

Patient Information			
Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<div>Select... ▼</div>
Date of Assessment:	<input type="text"/>	Clinician:	<input type="text"/>

Presenting Problem & Symptoms	
<div>Describe main reasons for assessment, symptoms, onset, and duration</div>	

Psychiatric & Medical History	
Psychiatric History:	<div>Previous diagnoses, hospitalizations, treatments</div>
Medical History:	<div>Medical illnesses, medications, allergies</div>
Family Psychiatric History:	<div>Family history of mental illness or substance use</div>
Substance Use History:	<div>Alcohol, drugs, tobacco history</div>

Mental Status Examination (MSE)			
Appearance/Behavior:	<input type="text"/>	Speech:	<input type="text"/>
Mood:	<input type="text"/>	Affect:	<input type="text"/>
Thought Process:	<input type="text"/>	Thought Content:	<input type="text"/>
Perceptions:	<input type="text"/>	Cognition:	<input type="text"/>
Insight:	<input type="text"/>	Judgment:	<input type="text"/>

Risk Assessment	
Suicidal Ideation/Behavior:	<input type="text"/>

Homicidal Ideation/Behavior:	<input type="text"/>
Other Safety Risks:	<input type="text"/>

Diagnosis & Formulation	
Provisional Diagnosis:	<input type="text"/>
Case Formulation:	<input type="text" value="Summary of case and diagnostic impression"/>

Plan & Recommendations	
<input type="text" value="Treatment plan, referrals, follow-up"/>	

<input type="button" value="Submit Evaluation"/>
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