

# 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:			
Date of Birth:		Gender:	Select...
Date of Assessment:		Clinician:	

Presenting Problem & Symptoms	
Describe main reasons for assessment, symptoms, onset, and duration	

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

Mental Status Examination (MSE)			
Appearance/Behavior:		Speech:	
Mood:		Affect:	
Thought Process:		Thought Content:	
Perceptions:		Cognition:	
Insight:		Judgment:	

Risk Assessment	
Suicidal Ideation/Behavior:	

<b>Homicidal Ideation/Behavior:</b>	
<b>Other Safety Risks:</b>	

### Diagnosis & Formulation

<b>Provisional Diagnosis:</b>	
<b>Case Formulation:</b>	Summary of case and diagnostic impression

### Plan & Recommendations

Treatment plan, referrals, follow-up

Submit Evaluation