

Mental Health Clinical Assessment Form Sample PDF

The **Mental health clinical assessment form** sample PDF provides a comprehensive template for evaluating patients' psychological well-being. This standardized document ensures thorough data collection for accurate diagnosis and treatment planning. Access this form to streamline mental health assessments efficiently.

Sample Form Preview

Patient Information	
Full Name:	_____
Date of Birth:	_____
Assessment Date:	_____
Clinician:	_____

Presenting Problem(s)	
Describe the main concern(s) or reason for the assessment:	

Psychiatric History	
Previous Diagnoses:	_____
Previous Treatments:	_____
Hospitalizations:	_____

Mental Status Examination	
Appearance:	_____
Behavior:	_____
Mood/Affect:	_____
Speech:	_____
Thought Process:	_____
Perceptions:	_____
Cognition:	_____
Insight/Judgment:	_____

Diagnosis & Plan	
Provisional Diagnosis:	_____
Treatment Recommendations:	_____

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