



Individual

# Initial Assessment

rula.com

## Patient(s)

Name and Date of Birth	
------------------------	--

## Info

Present at session	
Service Provided	
Location of service	
The client agreed for this visit to occur via telehealth. The client's full name and address of present location has been confirmed at the start of the session	
Client is appropriate for telehealth	

## Demographics

Race	
Ethnicity	
Client's preferred language	
If needed, was the client offered an interpreter?	
Gender identity	
Pronoun(s)	
Marital status	
Sexual Orientation	

## Measures

I have reviewed the measures completed within the past 14 days.	
Based on the clinical measures:	

## History of present illness

Presenting problems/chief complaint	
Current symptoms	

<b>Area(s) of functional impairment</b>	
<b>How are symptoms specifically impacting client's functioning in this area?</b>	
<b>History of mental health treatment/substance use treatment</b>	
<b>Family history of mental health/substance use (including treatment, if any)</b>	

### Psychosocial

<b>Highest level of education</b>	
<b>Current employment status</b>	
<b>Name of employer or school</b>	
<b>Military involvement</b>	
<b>Social concerns (educational, employment, legal, financial, other)</b>	
<b>Interpersonal/family information and history</b>	
<b>Current living situation</b>	
<b>Cultural considerations for treatment</b>	
<b>Trauma history</b>	
<b>Client strengths</b>	

### Substance use

<b>Substance #1</b>	
<b>Frequency of use</b>	
<b>Date of last use</b>	
<b>Age of first use</b>	
<b>Details of current substance use:</b>	
<b>Previous substance use</b>	
<b>Describe client's substance use history</b>	

### Health history

<b>History and/or current medical conditions</b>	
<b>Current medications</b>	
<b>Primary care physician</b>	
<b>Psychiatrist/NP</b>	

**Mental status exam**

<b>Affect</b>	
<b>Mood</b>	
<b>Orientation to time, place, and person</b>	
<b>Recent memory</b>	
<b>Remote memory</b>	
<b>Intellect</b>	
<b>Attention span and concentration</b>	
<b>Grooming and appearance</b>	
<b>Behavior</b>	
<b>Hallucinations</b>	
<b>Delusions</b>	
<b>Obsessions</b>	
<b>Thought process</b>	
<b>Speech</b>	
<b>Motor</b>	
<b>Impulse control</b>	
<b>Insight</b>	
<b>Judgment</b>	
<b>Comments on Mental Status Exam</b>	

**Clinical summary**

<b>Summary</b>	
<b>Diagnosis</b>	
<b>Date of service</b>	
<b>Session start time</b>	
<b>Session end time</b>	
<b>Do you think your client would benefit from a psychiatric evaluation?</b>	
<b>Signed by</b>	

**Treatment Goal #1**

<b>The client reports their goal is to:</b>	
<b>The client's clinical goal is:</b>	
<b>Short-term Objective(s)</b>	
<b>Progress will be measured by:</b>	

Estimated time to achieve goal:	
---------------------------------	--

**Plan**

Frequency of treatment:	
Anticipated length of time in treatment	
Comments	
I, the therapist, have reviewed this treatment plan with the client and the client actively participated in the development of this treatment plan	
Next visit	

**Columbia Suicide Severity Rating Scale (C-SSRS)**

1. In the last 30 days, have you wished you were dead or wished you could go to sleep and not wake up?	
2. In the last 30 days, have you actually had any thoughts of killing yourself?	
3. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	

**Risk to self**

Prior suicidal ideations and/or suicide attempts:	
Current suicidal ideation:	
Current suicidal intent:	
Current suicidal plan:	
Access to means:	
Self-harm behaviors:	
Comments on risk to self	

**Risk to others**

Prior physical aggression/destruction of property/homicidal ideations or intent:	
Current physical aggression/destruction of property/other risk to others:	
Current homicidal ideation/intent:	
Access to weapons:	
Comments on risk to others	

**Overall Risk Rating to Self/Others**

<b>Rating of overall risk to self/others</b>	
<b>Reason/explanation for rating</b>	

### Measures

**Date completed**

Measure

**GAD-7**

**PHQ-9**

**C-SSRS**

**CAGE-AID**

**Therapeutic Alliance**