SAMPLE CLINICAL DOCUMENTATION

Initial Assessment - Family

Info

Service Provided	*Initial Assessment - Family*
Present at session	*Primary Client, Father, Stepmother*
Location of service	☑ *Telehealth* ☐ *Office (in person)*
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.	☑ *Yes – client at home* ☐ *Yes – client in another location, which has been confirmed* ☐ *No*
Client is appropriate for Telehealth	☑ *Yes* ☐ *No* ☐ *N/A*

Demographics

Race (select all that apply, or write in)	☐ *African-American/Black* ☐ *American Indian /Alaska Native* ☐ *Asian* ☑ *Caucasian/White* ☐ *Native Hawaiian / Pacific Islander*
Ethnicity:	☐ *Hispanic* ☑ *Not Hispanic*
Client's preferred language	☑ *English* ☐ *Spanish* ☐ *Other (list)*
If needed, was the client offered an interpreter?	☐ *Yes* ☐ *No* ☑ *N/A*
(If yes) Client's response to offer	☐ *Accepted*

	☐ *Declined* ☐ *Requested additional information*
Gender Identity (optional)	☐ *Female* ☑ *Male* ☐ *Non-Binary* ☐ *Transgender FTM* ☐ *Transgender MTF* ☐ *Other* ☐ *Unknown*
Pronouns (multi-select) (optional)	☐ *She/Her* ☑ *He/Him* ☐ *They/Their* ☐ *Xe* ☐ *If other, please list:*
Marital Status	☑ *Single/never married* ☐ *Married or in a domestic partnership* ☐ *Separated* ☐ *Divorced* ☐ *Widowed*
Sexual Orientation (multi-select)	☐ *Heterosexual* ☐ *Gay/Lesbian* ☐ *Bisexual* ☐ *Asexual* ☑ *Questioning/Undeclared* ☐ *Pansexual* ☐ *Queer* ☐ *Other* ☐ *Unknown* ☐ *Declined to answer*

Measures

Baseline Scores (at intake)	• *GAD7: 5 (8/13/2024, 3:28 PM)* • *PHQ9-A: 6 (8/13/2024, 3:28 PM)*
Based on the clinical measure:	*Discussed increased severity, Established baseline level of functioning to assess for treatment progress*

I reviewed measures for this session:	*Yes*

Family Assessment

Identify why the family is seeking treatment at this time. You may include direct quotes from the family	*Father: "We're at our wits end. He is skipping school, drinking and I cannot seem to talk to him without us arguing."*
Describe the family system and any relevant family of origin issues	*PC (16) with Father (40) and Stepmother (41). Bio mother left at 10; no contact. Father married stepmother 3 months ago—major adjustment.*
Does/alcohol drug use contribute to strain in the family?	☐ *No* ☑ *Yes, as follows: Father nightly alcohol to manage stress; PC drinks a few days/week with withdrawal/avoidance escalation when intoxicated.*
History of any type of abuse within the family?	☑ *No* ☐ *Yes, as follows:*
Family Strengths	*Future-focused; all engaged and motivated to learn skills.*
Other pertinent info related to the family:	

History of Present Illness

Presenting problems/chief complaint: Identify why the client is seeking treatment at this time, including onset, duration and severity of symptoms. You may include direct quotes from the client.	*Onset ~6 months ago with escalation in last 3 months coinciding with stepmother moving in. PC skips school, violates curfew, throws objects, and drinks alcohol several times/week. Daily arguments reported. Relationship with father deteriorated; marital conflict between father/stepmother exacerbates cycle.*
Current Symptoms	*Depressed mood, changes in school performance, angry*
Area(s) of functional impairment	*Social/Relational, School*
How are symptoms specifically impacting clients functioning in this area?	*School truancy, missed exams, major grade decline; high conflict/occasional property damage at home; peer difficulties.*
History of mental health treatment/substance use treatment	*None.*

Family history of mental health/substance use (including treatment, if any)	*Lifelong recreational drug/alcohol use reported in parents; no formal diagnoses.*

Psychosocial

Highest level of education	☑ *Current Student (ie grade school or high school)* ☐ *Less than High School* ☐ *High school/GED* ☐ *Some college* ☐ *College Graduate* ☐ *Post-Grad* ☐ *Client has an AS degree* ☐ *Vocational college*
Current employment status	☐ *Employed full time (>35 hours/week)* ☐ *Employed Part time* ☐ *Unemployed* ☑ *Student* ☐ *Homemaker* ☐ *Military* ☐ *Retired* ☐ *Disabled* ☐ *Self Employed*
Name of Employer or School	*Sample Creek High School, City, State*
Military involvement	☑ *No* ☐ *Yes, describe (free text)*
Social Concerns (educational, employment, legal, financial, other)	*Limited social supports; recent arrest due to underage drinking; on probation at school due to truancy and is at risk of being expelled.*
Interpersonal/family information	*Strained relationship with father and stepmother; no contact with mother since ct was 10. No siblings.*
Current living situation (e.g. alone, with family, with partner)	*Apartment with Father and Stepmother; two dogs.*
Cultural considerations for treatment How do the client's cultural or other identities impact their perceptions and understanding of their symptoms, help-seeking behavior and engagement with mental health	*Distrust of mental health systems; community stigma toward therapy. Stepmother identifies as Northern Arapaho; childhood poverty and systemic trauma.*

service providers? *N/A or None is not an appropriate response.*	
Trauma or Abuse History	☐ *None reported* ☑ *Yes, as follows: Maternal abandonment at age 10; parental SUD exposure.*
Client Strengths	*Motivation for change; shared humor; willingness to attend therapy.*

Substance Use

Current Substance Use	*Alcohol*
Frequency of use	*2-3x a week*
Date of last use	*2 days ago*
Age of first use	*15*
Details of current substance use	*Ct reports binge drinking 2x a week at parties; reports will drink to get drunk or blackout. Reports recent arrest at a party that was broken up due to underage drinking*
Previous substance use	☑ *No* ☐ *Yes, as follows:*

Health History

Health history and/or current medical conditions:	☑ *None* ☐ *Yes, as described:*
Current medications:	☑ *None* ☐ *Yes, as described:*
Primary Care Physician	☐ *None* ☑ *Yes, as follows: Dr. Sample Name at 123 Mainstreet Care, City, State*
Psychiatrist/NP	☑ *None* ☐ *Yes, as follows:*

Risk Assessment

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

1. In the last 30 days, Have you wished you were dead or wished you could go to sleep and not wake up?	☐ *Yes* ☑ *No*
2. In the last 30 days, Have you actually had any thoughts of killing yourself?	☐ *Yes* ☑ *No*

If the client answered "Yes" to #2, ask the additional questions below:

3. Have you been thinking about how you might do this?	☐ *Yes* ☑ *No*
4. Have you had these thoughts and had some intention on acting on them?	☐ *Yes* ☑ *No*
5. Have you started to work out, or worked out the details of how to kill yourself? Do you intend to carry out this plan?	☐ *Yes* ☑ *No*
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	☐ *Yes* ☑ *No* 6.a In your Lifetime? ☐ *Yes* ☑ *No* 6.b In the past 3 months? ☐ *Yes* ☑ *No*

Columbia Suicidality Scale Rating:
All No = No Risk Reported
Yes on question 1 or 2 = Low Risk
Yes on Questions 3 or 6a = Moderate Risk
Yes on Questions 4 or 5 or 6b = High Risk

Risk to self

Prior suicidal ideations and/or suicide attempts:	☑ *No/denies* ☐ *Yes, as follows:*
Current suicidal ideation:	☑ *No*

	☐ *Occasional/Fleeting* ☐ *More than half the time* ☐ *Constant*
Current suicidal intent:	☑ *No/denies* ☐ *Yes, as follows:*
Current suicidal plan:	☑ *No/denies* ☐ *Yes, as follows:*
Access to means:	☑ *No/denies* ☐ *Yes, as follows:*
Self-harm behaviors:	☑ *No/denies* ☐ *Yes, as follows:*
Comments on risk to self	*Alcohol use may impair judgment—address in treatment*

Risk to others

Prior physical aggression / destruction of property / other risk to others	☐ *No/denies* ☑ *Yes, as follows: History of throwing objects, door slamming (hinge broken); last incident 2 weeks ago.*
Current physical aggression/destruction of property/other risk to others	☑ *No/denies - Denies current agitation; acknowledges triggers.* ☐ *Yes, as follows:*
Current homicidal ideation	☑ *No/denies* ☐ *Yes, as follows:*
Access to weapons	☑ *No/denies* ☐ *Yes, as follows.*
Commentary on risk to others	*Outbursts pose risk due to hx of throwing objects and property damage. No reports of throwing objects directly at others.*
Rating of overall risk to self / others	☐ *None Reported* ☑ *Low/mild* ☐ *Moderate Risk* ☐ *High Risk*
Reason/explanation for rating	*No current or hx of SI; minor risk of self around alcohol use as it may impair judgment. Denies desire to harm others but outbursts pose episodic risk; skills training and substance monitoring indicated.*

Complete the Safety Plan template note for any client with moderate or high risk, and as clinically indicated.

MSE (Mental Status Exam)

Affect	☐ *Angry* ☐ *Alert* ☐ *Appropriate* ☐ *Excitable* ☐ *Flat* ☐ *Inappropriate* ☑ *Labile* ☐ *Sad* ☐ *Constricted* ☐ *limited*
Mood	☐ *agitated* ☐ *Angry* ☑ *Anxious* ☐ *Apathetic* ☐ *Calm* ☐ *Depressed* ☐ *Euthymic* ☐ *Excitable* ☐ *Frustrated* ☐ *Happy* ☐ *Impulsive* ☐ *Introspective* ☑ *Irritated* ☐ *Peaceful* ☐ *Pensive* ☐ *perplexed* ☐ *Sad* ☐ *tearful*
Orientation to Time, Place, and Person	☑ *Within Normal Limits* ☐ *Disoriented- Person* ☐ *Disoriented- Situation* ☐ *Disoriented- Place* ☐ *Disoriented- Time*
Recent Memory	☑ *Within normal limits* ☐ *Immediate* ☐ *Impaired* ☐ *Intact*

	☐ *Poor* ☐ *Selective* ☐ *brain fog*
Remote Memory	☑ *Within normal limits* ☐ *Impaired* ☐ *Intact* ☐ *Poor* ☐ *selective*
Intellect	☑ *Average* ☐ *Above* ☐ *Below*
Attention Span and Concentration	☐ *Within normal limits* ☐ *Attentive* ☐ *Alert* ☐ *Confused* ☑ *Distracted* ☐ *Impaired* ☐ *Intact* ☐ *Lethargic* ☐ *Poor*
Grooming and Appearance	☑ *Well-groomed* ☐ *Careless* ☐ *Disheveled* ☐ *neatly dressed* ☐ *poor hygiene* ☐ *Not available*
Behavior	☑ *appropriate to situation* ☐ *inappropriate to situation*
Hallucinations	☑ *None* ☐ *Present, describe*
Delusions	☑ *None* ☐ *Present, describe*
Obsessions	☑ *None* ☐ *Present, describe*
Thought Processes	☑ *clear, linear, logical* ☐ *Disorganized*

	☐ *Illogical* ☐ *Irrelevant* ☐ *Perseverating* ☐ *Relevant* ☐ *Scattered* ☐ *Blocked* ☐ *tangential*
Speech	☑ *Normal Rate & Volume* ☐ *Mute* ☐ *paucity of speech* ☐ *Pressured* ☐ *Rate-fast* ☐ *Rate-slow* ☐ *Slurred* ☐ *Volume-loud* ☐ *volume- quiet*
Motor	☑ *Normal* ☐ *Excessive* ☐ *Slow* ☐ *Not available*
Impulse control	☐ *Adequate* ☑ *Impaired (describe): Limited when escalated*
Insight	☐ *Good* ☑ *Fair* ☐ *Poor* ☐ *Limited* ☐ *absent*
Judgment	☐ *Within Normal Limits* ☑ *Impaired- minimal* ☐ *Impaired - moderate* ☐ *Impaired - severe*
Comments on MSE (optional)	

Clinical Summary

Provide a summary of your assessment, including <u>details to justify the initial diagnosis</u> for the client. Include ways in which the client's mental health symptoms are impairing their functioning in one or more areas of their life and why treatment is needed at this time. This section is reserved for your professional opinion and not meant to be a copy/paste of the client's presenting problem section.	*Primary Client meets DSM-5 criteria for Adjustment Disorder with Disturbance of Conduct (F43.24), with emotional/behavioral symptoms in response to identifiable stressors within 3 months (remarriage/move; family conflict). Clinically significant impairment in school and family functioning present as evidenced by declining grades, truancy, throwing objects, and increased arguments with family members. Client is at risk of expulsion from school and was recently arrested due to underage drinking. Therapy is medically necessary to address behavioral dysregulation and prevent further legal and academic consequences. Plan: Weekly family therapy (structural/CBT/DBT), parent coaching, behavioral contract, and alcohol-risk counseling; coordinate with school as needed. Expected duration: 12–16 weeks.*
Diagnosis	*F43.24 Adjustment disorder with disturbance of conduct*
Date of service	*06/24/2024*
Session start time	*1:00pm*
Session end time	*2:08pm*

Signature

Provider Name	*Jane Example*
Date	*6/24/2024*
Time	*3:00pm*
License Type	*LCSW*