JNG HEALTH NETWORK
Your Choice for Quality Therapeutic Services

Therapeutic Assessment

Personal Information:

Name			Date	
Address			Phone # Alternate/Emergency Contact #	
Age	D.O.B.	Gender	Race/Ethnicity	Place of Birth
Arrived to the Office by	☐Public Transportation ☐Taxi ☐Drove Own Car ☐ Driven by_____ ☐On Time ☐ Early ☐ Significantly Late			
Accompanied by				
Information provided by	☐ Claimant Only ☐ Claimant & _____ *(Name)*			

Referral Information

Case #		Social Security #	
Health Insurance (Name & Number)			
Referred by:			
Reason for Referral & Presenting Problem:			

Background Information:

History of Migration & Relocation	
Current Living Arrangements	
Biological Parents - Relationship with - Raised by	

Siblings - Relationship with - Birth order	
Description of Childhood / Adolescence	
Significant Relationships	
Children -Name -Age -Relationship with	
Exposure to Abuse -Mental/Emotional -Physical/-Sexual -Domestic Violence	
History of DCF Involvement:	

Mental, Medical, Substance Abuse & Social History:

Mental Illness & Treatment - Hospitalizations - Mental health treatment - Family Hx. - Medications	
Medical Illness & Treatment - Hospitalization - Surgeries - Family Hx - Medications	
Developmental Hx (child/adoles.) - Birth Process - Dev. Milestones	

Have you or are you experiencing any of the following frequently over the past 60 days?

☐ Enuresis (bed wetting) or Encopresis (if yes, give details) _____

☐ Headaches ☐ Blurred vision ☐ Sore Throat ☐ Dizziness ☐ Swelling ☐ Chest pain ☐ Cough

☐ Breathing Difficulties ☐ Stomach pain ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Not applicable

☐ Head injuries (If yes, give detail): _____

☐ Loss of consciousness (If yes, give detail): _____

Substance Abuse Hx. - Alcohol, Cigarettes, Coffee - Marijuana, Opioids, & Others - Family Hx.	
Education - Behaviors in school - ESE placement & why - Repeat grades/classes?	
Employment Hx. - Volunteer /community service	
Legal History - Arrests - Gang Involvement	
Social History - Conflicts with others - Behaviors with peers - Able to establish & maintain friendships	
Cultural Influences - Adjustment (immigrants)	
Spiritual / Religious Influences	
Sexual Practice - Orientation - Areas of Concern	
Leisure/Recreational Activities	

Desired Services and Goals:

Strengths & Assets:

Obstacles & Challenges:

Resources & Availability of Social Support:

Behavioral Observations - Presentation (Check all that apply & specify additional detail when needed):

General Appearance	☐Good/Well-Kept	☐Appropriate	☐Disheveled	☐Not Appropriate for Setting	
	☐Appear Stated Age/Older/Younger		☐Height/weight _____		
Ambulation	☐WNL	☐Unsteady	☐Cane / Wheelchair / Walker		
	☐Antalgic gait	☐Assistive device	☐Other Gait Abnormality_____		
Motor Activity	☐WNL	☐Retarded	☐Accelerated	☐Stuporous	☐Tics
	☐Hyperactive	☐Slow	☐Restless	☐Tremors / Shakes	
Eye Contact	☐WNL	☐Poor	☐Variable	☐Eyeglasses (for seeing/shades)	
Hearing	☐WNL	☐Poor	☐Hearing aides		
Speech – Pitch &Tone	☐WNL	☐High	☐Low	☐Unusual	☐Monotone
Speech Content & Production	☐WNL	☐Slowed	☐Slurred	☐Over productive	
	☐Clanging	☐Pressured	☐Sparse	☐Other _____	
	☐Impediments	☐Limited	☐Aphasic	☐Organized / Disorganized	
	☐Tangential	☐Stutters	☐Echolalia	☐	
	☐Dysarthric	☐Stutters	☐Echolalia	Other_____	
Hand Dominance	☐Right	☐Left	☐Ambidextrous		
Behavior & Attitude:	☐Cooperative	☐Guarded	☐Belligerent	☐Dramatic	
	☐Withdrawn	☐Hostile	☐Combative	☐Manipulative	
	☐Agitated	☐ Disruptive	☐ Oppositional		
Rapport w/Clinician	☐Established	☐Not Established		☐ Difficult to Establish	
Interaction w/ Caregiver	☐WNL	☐Oppositional	☐Distant/Withdrawn	☐Clingy / Dependent	
Effort:	☐WNL	☐Minimal	☐ Need a lot of reinforcement & prompting		
Responses:	☐ Frank	☐ Over-exaggeration of Symptoms		☐ Inconsistent / Dishonest	
		☐ Minimize Symptoms			

Behavioral Observations - Emotions (Check all that apply & specify additional detail when needed):

Mood	☐Content	☐Euphoric	☐Apathetic	☐Depressed / Sad / Dysthymic
	☐Angry	☐Confused	☐Irritable	☐Anxious / Fearful / Worried
	☐Variable	☐Distrustful	☐Optimistic	☐Neutral
Affect	☐Labile	☐Constricted	☐Blunted	☐Appropriate / Inappropriate Range
	☐Flat	☐Depressed	☐Tearfulness	☐Congruent / Incongruent to Mood
Suicide Current/Past	☐None	☐Ideations	☐Plans / Threats	☐Attempts ☐Self-Injury
Homicide Current/Past	☐None	☐Ideations	☐Plans / Threats	☐Attempts ☐Causes Injury
Depressed Symptoms -Causes	☐Sadness	☐Helplessness	☐Hopelessness	☐Depressed mood
	☐Withdrawn	☐Anhedonia	☐Low self-esteem	☐Anger / Aggression
	☐Mania	☐Mood Swing	☐Low self-worth	☐Low motivation
Anxiety Symptoms -Causes	☐Worries	☐Anxious	☐Panic attacks	☐Easily stressed
	☐Fears	☐Irritable		
Eating Habits	☐WNL	☐Poor Nutrition	☐Increased Appetite	☐Decreased Appetite
Sleep	☐WNL	☐Increased sleep	☐Decreased sleep	☐Difficulty Falling Asleep
	☐Nightmares Night Terrors	☐Early morning awakening	☐Restless Sleep	☐Difficulty Staying Asleep

Behavioral Observations - Cognition (Check all that apply & specify additional detail when needed):

Attention Span	☐Sustain attention/focus	☐ Easily distracted/lacked focus	☐ Inattentive / Shortened	
Intelligence	☐Average	☐Below average	☐Above average	☐ Significantly Low
Insight	☐WNL	☐Poor	☐Good	☐Superficial ☐Limited
Judgment	☐WNL	☐Poor	☐Impaired	☐Limited
Impulse Control	☐WNL	☐Poor	☐Explosive	☐Impulsive ☐Low Impulse
Thought Content & Process	☐Logical	☐Goal directed	☐Flight of ideas	☐Loosening of associations
	☐Concrete	☐Confused	☐Perseverance	☐Poor Comprehension
	☐Tangential	☐Circumstantial	☐Slow processing	☐Abstraction ability
Hallucination & Delusions	☐None	☐Type: _____		
		_____		
		_____		

Mental Status:

Orientation	☐ Alert ☐ Person ☐ Place ☐ Time (Day – Date – Month – Year – Time) ☐ Situation ☐ Delirious ☐ Disoriented

Functional Capacity:

Daily Living Skills - Shower - Dress - Cook (prepare small meals) - Clean - Drive - Others	
Any Additional Information:	
Preliminary Goals:	

Diagnostic Impression:

Diagnostic Code: DSM-5 & ICD-10	**Description**	**Specifiers**

_____

Mental Health Therapist & Evaluator

_____

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