



# **PLEASANT CARE BEHAVIORAL HEALTH**

## **Initial Psychiatric Assessment**

**THIS SECTION TO BE COMPLETE BY PATIENT OR PARENT (IF PATIENT IS A MINOR)**

PATIENT NAME (PRINT) \_\_\_\_\_ AGE \_\_\_\_\_ / / \_\_\_\_\_  
TODAY'S DATE

PERSON COMPLETING THIS FORM (PRINT) \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_

THERAPIST OR COUNSELOR'S NAME, ADDRESS, PHONE NUMBER \_\_\_\_\_

PRIMARY CARE PROVIDER'S NAME, ADDRESS, PHONE NUMBER \_\_\_\_\_

**REASON FOR EVALUATION: (IF PRESENT, RATE 0-10. 0 IS ABSENT, 10 IS EXTREME)**

\_\_\_ ANXIETY \_\_\_ PANIC \_\_\_ DEPRESSION \_\_\_ MOOD SWINGS \_\_\_ SUICIDAL THOUGHTS  
\_\_\_ SUICIDE ATTEMPT \_\_\_ AGITATION \_\_\_ AGGRESSION/VIOLENCE  
\_\_\_ BEHAVIORAL PROBLEM \_\_\_ IMPULSIVITY \_\_\_ SCHOOL PROBLEMS  
\_\_\_ RELATIONSHIP PROBLEMS \_\_\_ BIZZARE THOUGHTS \_\_\_ CONCENTRATION/FOCUS  
\_\_\_ TASK COMPLETION \_\_\_ UNUSUAL OR STRANGE BEHAVIOR  
\_\_\_ SLEEP PROBLEM \_\_\_ DRUG/ALCOHOL

**BRIEFLY DESCRIBE PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS TREATMENT? \_\_\_ THERAPY? WITH WHOM? \_\_\_\_\_**

**EVER HOSPITALIZED? \_\_\_ HOW MANY TIMES? \_\_\_ WHEN? \_\_\_\_\_**

**WHERE? \_\_\_\_\_**

**ON MEDICATION NOW? (NAME, DOSAGE, HOW LONG TAKEN, RESPONSE?)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HERBALS OR SUPPLEMENTS? \_\_\_\_\_**

**MEDICATIONS USED IN THE PAST? \_\_\_ Y \_\_\_ N**

**NAME OF MEDICATION(S), DOSAGE(S), RESPONSE TO EACH \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION ALLERGIES? \_\_\_\_\_**

**ANY MEDICAL PROBLEMS? \_\_\_\_\_**



# **PLEASANT CARE BEHAVIORAL HEALTH**

HEIGHT \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT \_\_\_\_\_ LBS.

DO YOU HAVE EXCESSIVE THIRST? \_\_\_\_\_ EXCESSIVE URINATION? \_\_\_\_\_

**SUBSTANCE USE?** (LIST ANY SUBSTANCES USED, PAST OR PRESENT, LAST USE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:** (ANY BLOOD RELATIVES YOU BELIEVE HAVE HAD SYMPTOMS OF A PSYCHIATRIC OR SUBSTANCE ABUSE PROBLEM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIVING SITUATION:** (WHO LIVES AT HOME? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION LEVEL:**

**CURRENT GRADE LEVEL (MINORS)** \_\_\_\_\_

**ACADEMIC PERFORMANCE** \_\_\_\_\_ BELOW AVERAGE \_\_\_\_\_ AVERAGE \_\_\_\_\_ ABOVE AVERAGE

**EDUCATION COMPLETED (ADULTS):**

\_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ GED \_\_\_\_\_ HOURS COLLEGE  
\_\_\_\_\_ COLLEGE GRADUATE \_\_\_\_\_ POST GRADUATE DEGREE

**EMPLOYMENT** \_\_\_\_\_