**Assessment/Diagnostic Interview**

1. **Patient’s Name**:
2. **Session date**:     **Session Time: From**     **To**
3. **Patient’s Name**:
4. **Patient’s Demographic Information:**
5. **Reason for Referral:**
6. **History of Present Symptoms:**
7. **Family History:**
8. **Social History:**
9. **History of Psychiatric and Psychological services:**
10. **Current Medications:**
11. **Patient’s Strengths:**
12. **Patient’s Weaknesses:**
13. **Describe Patient’s ability to engage and benefit from psychotherapy:**
14. **Diagnosis:**
15. **Treatment Plan:**

* **Long Term Goals:**
* **Short Term Goals:**
* **Treatment Modality:**
* **Frequency of Treatment:**

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| --- | --- | --- | --- |
|  |  | |  |
| Therapist’s Name and License Number |  | | Date |
|  | |  | |
| Signature | |  | |