

Sample Assessment Forms

DIAGNOSTIC ASSESSMENT REPORT

Name _____ Therapist _____

Intake/Assessment Date(s) _____ Report Date _____

1. Purpose of Visit/Current Life Situation (Include duration/frequency of symptoms)

2. History of Current Problem/Development Incidents/Treatment History/Medications, etc.

3. Current Functioning, Symptoms, and Impairments (e.g., occupational, social, emotional)

STRENGTHS _____

WEAKNESSES _____

4. Family Mental Health History

5. Other (Substance abuse, suicidal ideations, court referral, etc.)