



ADULT COMPREHENSIVE ASSESSMENT (18 & OLDER)

Name: _____ **DOB:** _____ **Today's Date:** _____

What is happening that made you seek help now? _____

What symptoms are most difficult for you? _____

How severe do you define your present emotional state? Mild Moderate or Severe

How long have these symptoms been bothering you? Weeks/Months/Several Months/Years

Have you experienced some of these symptoms before ? Y or N

How do these symptoms negatively impact your life today? _____

Do you have any thoughts now or recently wishing you were dead or of harming yourself? _____

Have you ever attempted to commit suicide or seriously harm yourself or someone else? _____

Please Explain (When, how, why...) _____

Do you ever threaten, throw things, punch the walls, yell or scream at your partner or children? _____

Have you ever hit, slapped, or choked any of your loved ones? _____

Please Explain: _____

Is your partner or children sometimes afraid of you or you with them? _____

Have you ever been the victim of physical, sexual, or verbal abuse? _____ By whom? _____ Age? _____

Have you ever witnessed or experienced a situation in your life that was traumatic for you? Please explain: _____

What is your expected outcome of treatment? _____

Previous Mental Health or Substance Abuse Treatment:

Inpatient: Have you ever been admitted to a hospital or residential day-treatment program for personal problems or alcohol/drug problems? _____ Did you admit yourself? _____ Did someone else petition your hospitalization? _____ Please describe reasons you entered treatment, when you were seen, and where?

Outpatient: Have you seen a therapist for personal, family problems, or alcohol/drug treatment? _____ Please describe reasons you entered treatment, when you were seen, and where? _____

Any involvement in Self-Help support groups such as AA, NA, Recovery, etc.? _____

Were any of your prior treatment experiences helpful? _____ What helped the most? _____

Family/Social History: Are you Single, Married, Divorced, Widowed ?

Who presently lives in your home? _____

What best describes relationships in your family? Too close, Close, Comfortable, Annoying, Distant, Tense

What family members are you close to? _____

Have any family members had a history of mental health, substance abuse, or psychiatric problems? _____

Who? _____ Explain: _____

How would you describe your present social life? _____

What are your current religious/spiritual involvements or concerns? _____

Physical Health: Do you have any health concerns ? _____

Please list any current medications _____

Describe your view of eating choices/patterns and physical exercise _____

Do you have any sexual or gender issues you would like to discuss? _____

For Women: Do you have a normal menstrual cycle? _____ Are you Pregnant? _____

How many pregnancies have you had? _____ How many child births have you had?

Is there anything you would like to share about past pregnancies? _____ Peri or Menopause? _____

Education: Last grade in high school completed: _____ Special training or skills: _____

Did you attend college or currently a student? _____ Do you have a degree? _____

Did you or Do you have a learning disability? _____

Employment: What is your current job title? _____

Current Employer: _____ Years on the job: _____

Do you have any problems at your current job? _____

Have you ever been fired from a job? _____

Military Service: Branch: _____ What year(s)? _____

Type of discharge : _____ Have you experienced combat? _____

Are you troubled by your military experience now? _____

Financial: Are you presently experiencing financial problems? _____

What types of financial aid do you receive? _____

Have you lost any belongings to repossession? _____

Legal History: Are you currently on probation? _____ Parole? _____ Ending Date? _____

Do you have any upcoming court dates? ____ Reason: _____

Are you currently in any lawsuits? _____

Have you ever been arrested? ____ Please explain (date, charge, sentence) _____