Adult Assessment Form

EVERNORTH℠

PT ID: **or** **Date of Birth:**

Adult Assessment			
Patient Name:		Date of Birth: ☐ M ☐ F	
Age:	Ethnicity:	Marital Status:	Occupation:
Chief Complaint *(please explain)*:			
History of Present Illness *(please explain)*:			
Past Psychiatric History *(please explain)*:			
Family Psychiatric History *(please explain)*:			
Pertinent Medical/Surgical History *(please explain)*:			
Pertinent Social History *(stressors, current living circumstances, highest grade attended, spiritual, legal and trauma history)*:			
Advanced Medical Directive: ☐ Yes ☐ No ☐ N/A			
Current Medications:			
Allergies: ☐ Yes ☐ No	If Yes, What?		
Pregnant: ☐ Yes ☐ No		Contraceptive: ☐ Yes ☐ No	

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Substance Usage History *(this section must be completed for patients 12 years and older)*			☐ N/A
Smoker: ☐ Yes ☐ No If Yes, How Much?			
Drugs Used *(Alcohol, illicit, prescribed, OTC)*:	Frequency/Quantity & Route of Admin	Last Use	

Mental Status Examination					
1. General	☐ Well-groomed	☐ Unkempt	☐ Relaxed	☐ Tense	
	☐ Other:				
2. Sensorium	☐ Alert	☐ Responsive	☐ Attentive	☐ Inattentive	☐ Confused
	☐ Other:				
3. Behavior	☐ Cooperative	☐ Interested	☐ Anxious	☐ Agitated	☐ Guarded
	☐ Hostile	☐ Passive	☐ Apathetic		
Eye Contact	☐ Good	☐ Fair	☐ Poor		
	☐ Other:				
4. Speech	☐ Normal	☐ Monotone	☐ Verbose	☐ Unspontaneous	☐ Slurred
	☐ Loud	☐ Soft	☐ Rapid	☐ Pressured	☐ Mute
	☐ Other:				
5. Thought Process	☐ Coherent	☐ Goal Directed	☐ Rambling	☐ Blocking	☐ Perservative
	☐ Loose Assoc	☐ Circumstantial	☐ Tangential	☐ Flight of Ideas	
	☐ Other:				
6. Thought Content	☐ Relevant	☐ Preoccupation	☐ Obsessions	☐ Phobias	☐ Grandiose
	☐ Jealous	☐ Religious	☐ Somatic	☐ Paranoid	
	☐ External Influence	☐ Ideas of Reference	☐ Delusions *(Mood congruent/Mood incongruent)*		
	☐ Other:				
7. Mood/Affect	☐ Appropriate	☐ Euthymic	☐ Depressed	☐ Hopeless	☐ Constricted
	☐ Labile	☐ Anxious	☐ Irritable	☐ Hostile	☐ Elated
	☐ Euphoric	☐ Sullen			
	☐ Other Comments:				
8. Sensory Perception	☐ Illusions	☐ Derealizing	☐ Depersonalization		
	☐ Hallucinations	☐ Auditory	☐ Visual	☐ Olfactory	☐ Gustatory
	☐ Comments:				
9. Suicidal	Plans: ☐ Yes ☐ No	Means: ☐ Yes ☐ No	Intent: ☐ Yes ☐ No		
Homicidal	Plans: ☐ Yes ☐ No	Means: ☐ Yes ☐ No	Intent: ☐ Yes ☐ No		
10. Cognitive Functions	Orientation:	☐ Time	☐ Person	☐ Place	
	Immediate:	☐ Intact	☐ Impaired	☐ Comment	
	Short-Term:	☐ Intact	☐ Impaired	☐ Comment	
	Long-Term:	☐ Intact	☐ Impaired	☐ Comment	
Attention & Concentration	Ability to Pay Attention:	☐ Intact	☐ Impaired	☐ Comment	
	Ability to Do Simple Math:	☐ Intact	☐ Impaired	☐ Comment	

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Intelligence *(Vocabulary, Educational Level, Fund of Information, etc.)*				
	☐ Above Average	☐ Average	☐ Below Average	☐ Needs Further Evaluation
	Abstract Thought Ability:	☐ Good	☐ Fair	☐ Poor
	Good Judgment Capacity:	☐ Good	☐ Fair	☐ Poor
	Insight:	☐ Good	☐ Fair	☐ Poor
	Comments:			

Diagnostic Impression (DSM IV)

Axis I:

Axis II:

Axis III:

Axis III:

Axis IV:

Axis V:

Treatment Plan/Recommendations *(objective measurable goals and time frames)*

Pt agrees to treatment plan: ☐ Yes ☐ No

Pt strengths/limitations in achieving treatment goals

Discussed with pt side effects/benefits of medication: ☐ Yes ☐ No ☐ N/A

Pt gives informed consent: ☐ Yes ☐ No ☐ N/A

Next Appointment: _____

Signature: _____ **Date:** _____