

**Linda J. Hunt, RN, LCMHC**  
**Stillpoint Center for Integrative Therapies, Inc.**

**INITIAL EVALUATION**

**CLIENT NAME:** \_\_\_\_\_ **DOB/AGE:** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**INITIAL COMPLAINT:**

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**PSYCHOLOGICAL/EMOTIONAL SYMPTOMS and MENTAL STATUS**

Current Signs and Symptoms: 0=None 1=Mild 2=Moderate 3=Severe

Organicity Indicators:

Depressed Mood	0 1 2 3	Generalized Anxiety	0 1 2 3	Oriented x 3	_____	_____ Yes _____ No
Appetite Disturbance	0 1 2 3	Panic Attacks	0 1 2 3	Impaired Memory		_____ Yes _____ No
Sleep Disturbance	0 1 2 3	Phobias	0 1 2 3	Other Cognitive Impairment		_____ Yes _____ No
Low Energy	0 1 2 3	Obsessions/Compulsions	0 1 2 3	Specify:		
Psychomotor Retardation	0 1 2 3	Bingeing/Purging/Anorexia	0 1 2 3	Delusions	0 1 2 3	
Agitation	0 1 2 3	Paranoid Ideation	0 1 2 3	Hallucinations	0 1 2 3	
Liability	0 1 2 3	Circumstantial/Tangential	0 1 2 3	Aggressive Behaviors	0 1 2 3	
Irritability	0 1 2 3	Loose Associations	0 1 2 3	Conduct Problems	0 1 2 3	
Oppositional Behavior	0 1 2 3	Sexual Dysfunction	0 1 2 3			

**RISK ASSESSMENT:** Suicidal Ideation: No \_\_\_\_\_ Yes \_\_\_\_\_  
Homocidal Ideation: No \_\_\_\_\_ Yes \_\_\_\_\_

**SOCIAL HISTORY:**

CLIENT NAME: \_\_\_\_\_

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DRUGS/ALCOHOL:

PREVIOUS TREATMENT:

MEDICAL ISSUES:

CLIENT STRENGTHS/LIMITATIONS

	Present	Absent	Notes:
1. Bright, learns quickly			
2. Insightful/self aware			
3. Relates well to others			
4. Good social support system			
5. Satisfied w/job			
6. Satisfied w/job performance			
7. Hobbies or recreational activity			
8. Marital satisfaction			
9. Motivated to change			
10. Cultural/community involvement			
11. Spiritual focus			
12. Special needs			
13. Other			

PLAN

AXIS I:	
AXIS II:	
AXIS III:	
AXIS IV:	AXIS V:

