

# CLIENT ASSESSMENT

## LIFE SKILLS PLUS, INC.

**PATIENT'S NAME (Last Name, First Name, Middle Initial)** \_\_\_\_\_

**Presenting Problem:** \_\_\_\_\_  
**Symptom details:** \_\_\_\_\_

**Functional impairments:** \_\_\_\_\_  
**Why now?** \_\_\_\_\_

**Symptom Onset and Duration:**

**Symptom Impact on Daily Life:**

**Previous Efforts at Self-Help:**

**Priority Symptoms, behaviors, skill or functional deficits to treat:**

### PREVIOUS COUNSELING

**Previous Counselor:** \_\_\_\_\_ **Counselor's Phone #** \_\_\_\_\_

**Counselor Address:** \_\_\_\_\_

<u>Dates(s)</u>	<u>Diagnosis</u>	<u>Interventions (level of care)</u>	<u>Response</u>

<u>Inpatient Care</u>	Provider,	Dates,	Results

**Substance Abuse** \_\_\_\_\_  
**Current Drugs used:** \_\_\_\_\_  
**Past Drugs used:** \_\_\_\_\_  
**Cigarettes:** \_\_\_\_\_  
**Alcohol:** \_\_\_\_\_  
**Previous Treatment:** \_\_\_\_\_

**Medical Doctor:** \_\_\_\_\_ **Doctor's Phone #** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Date Well Child Exam Completed?** \_\_\_\_\_

**Last Physical Exam:** \_\_\_\_\_

\_\_\_\_\_

**CLIENT ASSESSMENT**

**General Medical Information**

Health Problems: \_\_\_\_\_  
Dental Problems: \_\_\_\_\_  
Developmental Delays: \_\_\_\_\_  
Surgeries: \_\_\_\_\_

Serious Accidents: \_\_\_\_\_

Allergies: \_\_\_\_\_

<u>Psycho tropic Medication</u>	<u>Dosage</u>	<u>Schedule</u>	<u>Route</u>	<u>Start Date</u>	<u>End Date</u>
_____	_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____	_____ / _____	_____

**Name & phone number of prescribing physician for above medications:**  
**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**LIST PAST PSYCHO TROPIC MEDICATIONS USED:** \_\_\_\_\_ **NONE**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Over the counter remedies:** \_\_\_\_\_ **Intensive Family Interventions**

**Relevant Conditions Affecting the Member or Family;**

- Psychological;
- Emotional;
- Behavioral;
- History of Abuse;
- History of Violence;
- Legal Involvement;
- Military History;
- Family Medial History;
- Any Other Condition: