

**FOOTHILLS BEHAVIORAL HEALTH  
INITIAL ASSESSMENT**

(all fields MUST be completed)

**DEMOGRAPHIC DATA**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

**PRESENTING PROBLEM**

Chief Complaint (in client's own words, be specific, detailed, and complete):

Primary Symptoms/Behaviors:

Onset & Duration:

Client Strengths:

Cultural, Ethnic, Religious Factors or Needs Related to Treatment:

History of Mental Illness and Treatment – all levels of care e.g., inpt, outpt, residential  
(dates, location, providers names if available):

Psychosocial History (interpersonal relationships; school issues; vocational; legal problems; violence):

Family Psychiatric History:

**MEDICAL HISTORY**

Primary Care Physician (name, address an telephone # - or identify if referred):

Current Medications (including prescriber, type, dosage, frequency, response and compliance):

Medical History (including Allergies and pertinent past medical history - treated or untreated):

Current and/or Past Substance/Alcohol Use (include last use and amount used for each substance):

History of Neglect, Physical, Sexual Abuse, or Perpetration and Current Risk:

Suicidal (*identify*: denies, no prior history OR ideations, plan, past attempts, & action to treat):

Homicidal (*identify*: denies, no prior history OR ideations, plan, past attempts, & action to treat):

Hallucinations (*identify*: none apparent OR visual, olfactory, tactile, auditory, & action to treat):

Delusions (*identify*: none apparent OR paranoid, grandiose, controlling, persecutory, & action to treat)

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(provider completing assessment and MSE) (necessary only for non-licensed providers)

**MENTAL STATUS EXAM**  
(circle all descriptions that apply)

Grooming & Hygiene: well groomed    dirty    average    disheveled    bizarre  
*Comments:*

Relatedness: appropriately related    eye contact    aloof    guarded    indiscriminate  
*Comments:*

Motor Activity: calm    restless    agitated    tremors/tics    rigid  
*Comments:*

Speech: unimpaired    soft    slowed    mute    pressured    loud    slurred    incoherent  
*Comments:*

Orientation: oriented    disoriented to - (time)    (place)    (person)    (situation)  
*Comments:*

Memory: unimpaired    impaired to - (immediate)    (remote)    (recent)    (amnesia)  
*Comments:*

Concentration: good    average    sporadic    poor  
*Comments:*

Mood: euthymic    dysphoric    tearful    irritable    hopeless    worthless    anxious  
*Comments:*

Affect: appropriate    labile    expansive    constricted    blunted    flat    sad    worried  
*Comments:*

Insight: adequate    impaired to (minimum)    (moderate)    (severe)  
*Comments:*

Judgment: intact    impaired to (minimum)    (moderate)    (severe)  
*Comments:*

Associations: unimpaired    loose    tangential    circumstantial    flight of ideas  
*Comments:*

Interactional Style: cooperative    guarded/suspicious    dramatic    negative    silly  
*Comments:*

Abstractions: (ex: "rolling stone gathers no moss")    intact    concrete  
*Comments:*

Serial 7s: (ex: 100-93-86-79-72...)    intact    poor  
*Comments:*

**DEVELOPMENTAL HISTORY**

**Children & Adolescents Only (may be completed by parent/guardian)**

Custody/Guardianship Status:

Prenatal Drug/Alcohol Exposure:

Other Prenatal and Perinatal Issues:

Developmental History

- Emotional Development:
  
- Learning and Cognitive Development:
  
- Motor Development (including gross/fine motor):
  
- Social Development (including peer/family relationships):
  
- Speech and Language Development:

Academic/School Adjustment and Performance:

Daily Activities and Play Interests:

**ASSESSMENT FOR OLDER ADULT**  
**(60+ YEARS)**

Sensory Loss:

Strength/Mobility Issues:

Any Other Pertinent Issues: