



Adult mental health assessment (9 pages)

Client Name: _____ Age: _____

Date of Birth: _____ Race: _____ Date: _____

Emergency Contact: Name: _____ Phone No: _____

What do you like about yourself? _____

What do you believe are your weaknesses? _____

Please describe the main difficulty that brought you to see me:

How and when did these problems begin? When was the first time you noticed these problems. Where did you notice them? How severe was it. Under which circumstances did these problems happen?

Describe your sleep pattern: _____



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ASIF KHAN (630) 774 8316
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FAX: 630-690-3353

Describe your appetite and weight: _____

Describe your bowel and bladder habits: _____

Have there been any recent changes in the above: _____

How do you currently function – at home, work, and in social situations? _____

What major stressors do you have in your present life? _____

How does this problem affect you and your family? _____

How do you try to cope with these problems? _____

Describe yourself before these problems began: _____

Have you received treatment before? Please give details as to when, where, by whom, and results: _____

Have you received medication for emotional problems? Please give details. _____

Your medical history in detail: your physical health, any major illnesses, surgeries, allergies, any medication you are taking at present, thyroid. Etc. are



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Name *relation* *age* *occupation* *education* *lives where*

Please describe your relationship with your parents:

How was your parents' relationship with each other?

How did you get along with your siblings? _____

Have there been any problems with your family like divorce, dysfunction, abuse etc. _____

Does your family have any health problems, emotional problems, and drug or alcohol abuse? Please give details: _____



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Your current family:

Name relationship age occupation education where they live

Are you married or in a relationship: _____

How do you get along with your spouse or partner? _____

How do you get along with your children? _____

Does your current family have any health problems, substance abuse, and mental or emotional problems? _____



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Education:

Your highest grade completed, specific trainings, aptitudes and interests, and your adjustment at school: _____

Work history:

Your current occupation, your jobs during lifetime, reasons for job changes, skills and talents, work related behaviors, and your future career goals: _____

Any legal issues: (child custody, divorce, etc) _____

Have you or your family abused drugs or alcohol: if yes, please answer the following questions:

Age of first use: _____

Duration: _____

Patterns: _____

Causes of use: _____

Any physical problems associated with dependence: _____



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Types of previous treatment and response to treatment: _____

What are your activities and interests? _____

Does religion or spirituality play an important role in your life? Please describe: ____

List five things that you would like to change about yourself: _____

Is there anything else that is important for you to tell me as your therapist? _____

For service provider only:

Mental status: _____

Diagnosis: _____

Client's level of motivation: _____



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Summary of evaluation: _____

Signature: _____ *Date:* _____
