Maple Counseling Center
Transformational Psychotherapy

2 - Clinical Assessment

Client Name: ______________________________ **Date:** ______________

Assigned To: ______________________________ **Date:** ______________

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Presenting Problem - client's initial explanation of the problem(s), duration and precipitant cause.

Observations- therapist's observations of client's presentation and family interactions.

Pertinent History - any prior therapy (including family, social, psychological, and medical).

Risk - evidence of potential or actual risk(s); select and explain.

☐ Anxiety	☐ Suicidal Actions	☐ Relationship Issues
☐ Depression	☐ Suicidal Thoughts	☐ Divorce
☐ Adjustment Issues	☐ Financial Issues	☐ Separation
☐ Emotional Abuse	☐ Legal Issues	☐ Sexual Issues
☐ Physical Abuse	☐ Family Issues	☐ LBGT
☐ Anger Issues	☐ Court Ordered	☐ Communication Issues
☐ Substance Abuse	☐ Reconciliation	☐ Self-esteem / Self-worth
☐ Drug Addiction	☐ PTSD	☐ Eating Disorder
☐ Death or Grieving Issues	☐ Trauma	☐ Medical Issues
☐ Chronic Pain	☐ Headaches	☐ Back Issues

Clinician: ______________________________

ICD: ______________________________

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Ventura, CA 93003
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info@maplecounseling.org

Family/Psychosocial Assessment -

Strengths -

Tentative Goals & Plans -

Involvement -

Cultural Variables? If yes, explain.

Treatment Length -

Special Needs of Client - ex: Needs interpreter, religous consultant, etc.

Educational or Vocational problems or needs -

Diagnostic Impressions

Client Assignment & Follow-up

☐ **Maple Counseling Center**
☐ **Transformational Counseling Center**

Clients Name:				
Assigned Therapist:				Date Assigned:
Reviewed by Assigned Therapist:				Date:
Initial Contact				
Phone:	Voicemail:	Text:	Email:	Date:
Second Contact				
Phone:	Voicemail:	Text:	Email:	Date:
Third Contact				
Phone:	Voicemail:	Text:	Email:	Date:
No Client Response:				Date:
Notes:				
Signature:				Date:

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