

Harmony Heals, Inc



Intake & Treatment Plan:

I. Identifying Data:

Name, age, sex, race, relationship status, # of children, employment, referral source/reason.

II. Presenting Problem:

Client's description of problem at present time. Why coming to counseling now.

III. History of the Problem:

Onset, frequency, conditions for occurrence, intensity, emotional component, somatic components, & previous counseling.

IV. History of the Family:

Parents, siblings, spouse, children, blended family, others living in the home, psychiatric/alcohol or drug problems (in family of origin), socio-economic status (family of origin and current), deaths of significant others, (age of client at the time), emotional climate in the home (family of origin and current), problems in early development, social development, sexual development/dysfunction.

V. Relationship History:

Marital status, number of marriages/live-in relationships, how long each lasted, why ended, attitudes toward present relationship and children (if applicable).

VI. Occupational/School History:

Job history, longest time at one job, time at current position, highest grade completed, attitude toward school when growing up, grades, involvement in extracurricular activities.

VII. Abuse History:

Type of Abuse (physical, sexual, emotional, child, elder, domestic violence), other agencies involved (e.g. probation, DCS).

VIII. History of Alcohol/Substance Abuse:

Age when alcohol/substance abuse started, what substances were used, frequency of use, amount used, how many years sober.

IX. Medical/Psychiatric History:

Physical health, major illnesses (past and present), sleeping and eating patterns, hospitalizations, (psychiatric/medical) when hospitalized past and current medications, history of mental illness, diagnosis.

X. Psychosocial Stressors:

Major stressors within past 2 years, (e.g. births, deaths, job loss, moving, marriages, divorce, etc.)

XI. Suicide/Homicide Evaluations:

Past attempts, current plan (what, where, when, how, legal information, get details). Suicide/homicide prevention contracts.

XII. Legal/Ethical Issues:

(E.g. child/elder abuse reporting).

XIII. Relevant Cultural Issues:

Ethical, religious background.

XIV. Mental Status Exam:

Appearance, attitude, memory, speech, thought process, thought content, orientation, mood, abstraction, judgment, insight, affect and impulse control.

XV. Tentative Diagnosis (All 5 Axis):

Axis I: *Clinical Disorders-other Conditions that may be a focus of clinical attention:*

Diagnostic Code:

DSM-IV Name:

Axis II: *Personality Disorders & Mental Retardation:*

Diagnostic Code:

DSM-IV Name:

Axis III: *General Medical Conditions:*

ICD-9-CM Code:

ICD-9-CM Name:

Axis IV: Psychosocial & Environmental Problems:

Check:

_____ Problems with primary support group. *Specify:* _____

_____ Problems related to the social environment. *Specify:* _____

_____ Educational problems. *Specify:* _____

_____ Occupational problems. *Specify:* _____

_____ Housing problems. *Specify:* _____

_____ Economic problems. *Specify:* _____

_____ Problems with access to health care services. *Specify:* _____

_____ Problems related to interaction with legal system and or criminal behavior.
Specify: _____

_____ Other psychosocial and environmental problems that cause distress.
Specify: _____

Axis V: Global Assessment of Functioning Scale:

Score: _____ **Time Frame:** _____

XVI. Conclusions and Recommendations:

MOST CONVENIENT TIME FOR ONGOING APPOINTMENTS?

Intake Counselor: Supervisor: Date: