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***INITIAL ASSESSMENT** **DATE**

***Name;** _____ **DOB:** _____ **Age:** _____

***Employment/School:** _____ **Gender:** _____

***Presenting Issues:** _____

***Symptom List:** **Duration:**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

***Medications:** _____

***Doctor:** _____

MENTAL STATUS ASSESSMENT:

A. Appearance: WNL ___ Unkempt ___ Dirty ___ Meticulous ___
Well Groomed ___

B. Behavior: WLN ___ Guarded ___ Withdrawn ___ Noncompliant ___
Compliant ___ Provocative ___ Hostile ___ Friendly ___
Cooperative ___ pleasant ___ Uncooperative ___
Suspicious ___ Hypoactive ___ Hyperactive ___ Under the
Influence ___ Other _____

**C. Mood/
Affect** WNL ___ Flat ___ Depressed ___ Euphoric ___ Anxious ___
Fearful ___ Irritable ___ Angry ___ Labile ___ Happy ___
Nervous ___ Incongruent ___ Tired ___ Other _____

D. Cognition: WNL ___ Loose ___ Scattered ___ Blocked ___ Delusional ___
Paranoid ___ Hallucinations ___ Grandiose ___ Fragmented ___
Illogical ___ Somatic ___ Appropriate ___

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E Safety: Danger to self/others? No ___ Yes ___, if yes, describe plan and intervention _____

F: Strengths: _____

G: Motivation Level _____

*Past Treatments: Out-patient ___ Date _____ Problem _____

*Provider: _____

*Suicidal Ideations:

*Current ___ past ___ Attempts _____

*In-patient ___ Date _____ Location _____

*Reason/Problem _____

*Past Medications _____

*Traumas _____

***SUBSTANCE ABUSE HISTORY:**

Alcohol _____

Narcotics _____

DWI _____

DIAGNOSIS:

Axis I _____ Axis II _____

Axis III _____ Axis IV _____

Axis V _____ GAF _____

Treatment Plan: _____

