

Client DOB:_____ **Date:**_____ **Time:**_____

Client Name:_____ **Location:** ☐Office ☐Home

Therapist:_____ ☐School ☐Other

Name & Relationship of Participants: ☐ N/A

Risk of Harm at Time of Interview: ☐ No Indicators ☐ Suicidal Ideation ☐ Homicidal Ideation
☐ Self-Harm ☐ Ideation No Plan ☐ Ideation w/Plan ☐ Access to Means

Details/Action Taken/Protective Factors:

Mental Status Exam:

Client Report of Mood/Scale 0-10:_____

Presenting Mood:_____

Observed Affect: ☐Elated/Euphoric ☐Indifferent/Detached ☐Happy/Smiling ☐Anxious/Fidgety

☐Sad/Tearful ☐Calm ☐Despondent/Hopeless ☐Restricted/Few Changes

☐Typical Expected Changes ☐Inconsistent w/Stated Mood ☐Consistent w/Stated Mood

Client Thought Content: ☐Consistent w/Mood ☐Inconsistent w/Mood ☐Normal ☐Paranoid

☐Suspicious/Guarded ☐Delusions Present ☐Suicidal ☐Homicidal

Motivation for Change: ☐Beginning to Engage ☐Reluctant ☐Passive ☐Interested

☐Refusing to Participate ☐Helpless ☐Defiant ☐Other

Session Summary (Strengths/Progress Made Since Last Session/Support Systems/Coping Skills/Interventions/How Client Responded/Next Steps/Etc...)

Clinician's Signature:_____

Date:_____