

Confidential Patient Assessment

This form is to assess problems you may have experienced in your past, as well as in the present. Please complete the form below by ENTERING 0, 1, 2, or 3 and indicate what the problem was/is, and whether you have experienced the problem in the past, the present, or both.

For “Past History,” indicate the severity of the worst episode. For “Current Situation,” indicate the severity at the present time. Past History is 12 months ago or more – current situation is within the past 3 months.

0 – absent

1 – minimal

2 – moderate

3 – severe

ISSUE	PAST HISTORY (describe)	SEVERITY 0 - 1 - 2 - 3	CURRENT SITUATION (describe)	SEVERITY 0 - 1 - 2 - 3
Difficulty trusting / Telling the truth				
Having difficulty with change or not wanting to accept change even though it is for the best				
Denial of Problems / Diagnoses				
External Crises				
Financial Instability				
Health Problems				
Severe Depression				
Suicide Ideation				
Suicide Attempts				
Self-Injury (cutting)				
Injury to Others (aggression / fights)				
High Risk Behaviors				
Substance Abuse / Dependency				
Clumsy / Accident Prone				
Bipolar Disorder Diagnosis				
Compulsive Sex				
Compulsive Acts (spending \$\$\$\$\$\$)				
Difficulty Feeling Emotions / Body Sensations				
Flooded by Emotions / Feeling Overwhelmed				
Forgetfulness or Amnesia				
Feeling “This is not me”				
Experiencing “Black Outs”				
Experiencing “Loss of Time”				