

# Psychological Evaluation

## Patient Information

Name:

Date of Birth:

Sex:

Address:

Phone Number:

Emergency Contact:

Referral Source:

## Background Information

Presenting Problem:

Psychiatric History:

Medical History:

Family History:

Educational History:

|                              |
|------------------------------|
| <b>Occupational History:</b> |
|                              |
| <b>Social History:</b>       |
|                              |
| <b>Legal History:</b>        |
|                              |

**Clinical Interview**

|                                  |
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| <b>Mental Status Examination</b> |
| <b>Appearance:</b>               |
|                                  |
| <b>Behavior:</b>                 |
|                                  |
| <b>Speech:</b>                   |
|                                  |
| <b>Mood and Affect:</b>          |
|                                  |
| <b>Thought Process:</b>          |
|                                  |

|                                 |
|---------------------------------|
| <b>Thought Content:</b>         |
|                                 |
|                                 |
| <b>Perceptual Disturbances:</b> |
|                                 |
|                                 |
| <b>Cognition:</b>               |
|                                 |
|                                 |
| <b>Insight and Judgment:</b>    |
|                                 |
|                                 |

|                                         |
|-----------------------------------------|
| <b>Psychological Tests Administered</b> |
| <b>IQ Testing:</b>                      |
|                                         |
|                                         |
|                                         |
| <b>Personality Assessment:</b>          |
|                                         |
|                                         |
|                                         |
| <b>Specialized Tests:</b>               |
|                                         |
|                                         |
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|                               |
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| <b>Diagnostic Impressions</b> |
| DSM-5 Diagnosis:              |
|                               |
| ICD-10 Diagnosis:             |
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**Treatment Recommendations**

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**Summary and Conclusions**

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