



Adult Mental Health Targeted Case Management Diagnostic Assessment

If you have questions about DA Requirements, go to <https://www.revisor.mn.gov/rules/9505.0372/>

NAME: _____

DOB: _____

DATE OF ASSESSMENT: _____

IDENTIFYING DATA

REASON(S) FOR VISIT

HISTORY OF PRESENT ILLNESS

PROBLEM/SYMPTOM CHECKLIST

NEUROVEGETATIVE AND SOMATIC CONCERNS:

DEPRESSION SYMPTOMS:

BIPOLAR SYMPTOMS:

ANXIETY SYMPTOMS:

PSYCHOTIC SYMPTOMS:

TRAUMA:

ATTENTION DEFICIT SYMPTOMS AND LEARNING DIFFICULTIES:

BRAIN INJURY :

PRIMARY SYMPTOMS HAVE BEEN PRESENT since

STRESSORS/OTHER CONTEXTUAL CONCERNS OR ISSUES:

MENTAL HEALTH HISTORY

PAST MENTAL HEALTH PROBLEMS

PAST DIAGNOSIS:

PSYCHIATRISTS:

HOSPITALIZATIONS/OTHER:

PSYCHOTROPIC MEDICATION TRIALS:

FAMILY PSYCHIATRIC HISTORY

SOCIAL HISTORY
FAMILY OF ORIGIN:

FAMILY OF CREATION:

Marital Status:

Children:

LIVING SITUATION:

ABUSE HISTORY:

TRAUMA HISTORY:

CULTURAL AND BELIEF ISSUES:

EMPLOYMENT:

LEGAL ISSUES:

MILITARY:

EDUCATION:

HOBBIES:

Age of first use:

SUBSTANCE USE

Last use:

Caffeine Use:

Tobacco Use:

Drug of Choice:

CD Treatment:

CAGE:

1. Have you ever felt the need to cut down on your substance use? Yes/ No
2. Have people annoyed you by criticizing your substance use? Yes/ No
3. Have you ever felt guilty about your substance use? Yes/ No
4. Have you ever had an eye-opener in the morning? Yes/ No

STRENGTHS, WEAKNESSES, GOALS, SUPPORTS, BARRIERS

STRENGTHS AND WEAKNESSES:

GOALS:

SUPPORTS AND BARRIERS:

CURRENT MEDICAL PROBLEMS:

Client:

Head Injury:

Family History:

CURRENT MEDICATIONS:

ALLERGIES:

LAST VISIT WITH A MEDICAL PROVIDER:

MENTAL STATUS EXAM

ORIENTATION AND CONSCIOUSNESS:

APPEARANCE AND BEHAVIOR:

SPEECH:

Details:

LANGUAGE:

MOOD/AFFECT:

PERCEPTUAL DISTURBANCE (Hallucinations, Illusions):

THOUGHT CONTENT (Delusions, Obsessions etc):

THOUGHT PROCESS AND ASSOCIATION:

SUICIDAL OR VIOLENT IDEATION:

INSIGHT:

JUDGMENT:

MEMORY:

INTELLIGENCE ESTIMATE:

FUND OF KNOWLEDGE:

SUMMARY OF VISIT

DIAGNOSTIC IMPRESSIONS:

RISK ASSESSMENT:

Risk Factors:

Protective Factors:

Overall Assessment:

Safety Plan:

TREATMENT RECOMMENDATIONS: