

**LANGSTON UNIVERSITY COUNSELING CENTER**

**INTAKE/DIAGNOSTIC ASSESSMENT**

Client Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_

ID #: \_\_\_\_\_ Referred by: \_\_\_\_\_

Clinician: \_\_\_\_\_

**PRESENTING CONCERN(S)**

Client's Description:

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History of the Problem (include onset & precipitating events):

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Attempts to Resolve Current Situation:

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**TREATMENT HISTORY**

Previous Counseling/Psychotherapy Treatment (Individual/Family/Group/Couples/Other):

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Psychiatric Hospitalizations:

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## FAMILY HISTORY

\_\_ Similar Difficulties \_\_ Depression \_\_  
\_\_ Anxiety \_\_ Addiction \_\_  
\_\_ Delusions/Psychosis \_\_ Bipolar Disorder \_\_  
\_\_ ADHD \_\_ Personality Disorder \_\_  
\_\_ LD \_\_ Other \_\_

Comments:

## DEVELOPMENTAL HISTORY

(Include Birth Place, Description of Childhood, Significant Events, Academic History, Parental Discipline, Parents' Marital History, Sibling Relationships, etc.)

Relationships, Marriage, Children: \_\_\_\_\_

Work History: \_\_\_\_\_

## RISK FACTORS ("alleged/reported by client"):

A. Physical Abuse	Y	N	H. Past Suicide Attempts	Y	N
B. Sexual Abuse	Y	N	I. Past Homicide Attempts	Y	N
C. Emotional Abuse	Y	N	J. Sexually Transmitted Disease	Y	N
D. Runaway	Y	N	K. Gangs or arrests	Y	N
E. Substance Abuse	Y	N	L. Sexual Behaviors	Y	N
F. Significant Losses	Y	N	M. CPS/Police Involvement	Y	N
G. Foster Child History	Y	N	N. Other Significant Trauma/Stress	Y	N

Comments:

## MEDICAL HISTORY

Medical Conditions (Past and Present):

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Current Medications/Recent Changes in Medications:

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## MENTAL STATUS

### A. Appearance:

1. Dress: ☐ Neat ☐ Casual ☐ Disheveled ☐ Bizarre ☐ Other \_\_\_\_\_
2. Grooming: ☐ Good ☐ Fair ☐ Poor
3. Hygiene: ☐ Good ☐ Fair ☐ Poor
4. Age (appears): ☐ Stated Age ☐ Older ☐ Younger
5. Activity Level (appears): ☐ WNL ☐ Decreased ☐ Increased ☐ Hyperactive
6. Sleep (reported): ☐ WNL ☐ Onset Insomnia ☐ Terminal Insomnia ☐ Hypersomnia ☐ Nightmares  
\_\_\_\_\_ times Average sleep/night: \_\_\_\_\_ hrs.
7. Appetite (reported): ☐ WNL ☐ Decrease/Wt Loss: \_\_\_\_\_ ☐ Increased/Wt Gain: \_\_\_\_\_
8. Speech  
Rate: ☐ WNL ☐ Decreased ☐ Increased ☐ Mute  
Volume: ☐ WNL ☐ Decreased ☐ Increased  
Articulation: ☐ WNL ☐ Decreased ☐ Increased
9. Vision: ☐ Intact ☐ Impaired/Glasses/Neglect ☐ "Blindness" ☐ Left ☐ Right ☐ Bilateral
10. Hearing: ☐ Intact ☐ Impaired/Hearing Aid/HOH ☐ "Deaf" ☐ Left ☐ Right ☐ Bilateral

### B. Rapport/Relatedness:

1. Attitude: ☐ Cooperative ☐ Guarded ☐ Uncooperative ☐ Suspicious ☐ Belligerent
2. Relatedness: ☐ Friendly ☐ Unfriendly ☐ Distant
3. Eye Contact: ☐ Age/Culturally Appropriate ☐ Fair ☐ Poor

### C. Mood & Affect: (Note all demonstrated over the session & circle any predominant.)

1. Euthymic: ☐ Absent ☐ Mild ☐ Moderate
2. Anger: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
3. Depressed: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
4. Anxiety: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
5. Euphoric: ☐ Absent ☐ Mild ☐ Moderate ☐ Severe
6. Affect ☐ Appropriate, Congruent w/Mood ☐ Inappropriate
7. Range: ☐ Neither Increased nor Decreased ☐ Increased/Expansive ☐ Decreased/Constricted
8. Intensity: ☐ Appropriate ☐ Increased ☐ Labile ☐ Blunted ☐ Flattened

### D. Sensorium:

1. Consciousness: ☐ Alert ☐ Easily Distractible ☐ Inattentive ☐ Lethargic ☐ Stuporous
2. Orientation: ☐ Day ☐ Date ☐ Month ☐ Year ☐ Place ☐ Person
3. Concentration: ☐ Intact ☐ Impaired ☐ Internal distractions ☐ External distractions
4. Memory: ☐ Intact ☐ Impaired ☐ Long-term ☐ Short-term ☐ Working memory

### E. Thought/Cognitive Development:

1. Check all that apply: ☐ Coherent ☐ Slowed ☐ Flight of Ideas ☐ Impoverished  
☐ Logical ☐ Blocking ☐ Circumstantial  
☐ Goal Directed ☐ Tangential ☐ Loose Associations
2. Cognitive Flexibility: ☐ Abstract ☐ Concrete
3. Obsessions/Compulsions: ☐ No ☐ Current ☐ In Past Content: \_\_\_\_\_
4. Phobias: ☐ No ☐ Current ☐ In Past Content: \_\_\_\_\_
5. Hallucinations: ☐ No ☐ Current ☐ In Past Content: \_\_\_\_\_
6. Delusions: ☐ No ☐ Current ☐ In Past Content: \_\_\_\_\_

7. Suicidal Thoughts:      ☐ No      ☐ Current      ☐ In Past      Content: \_\_\_\_\_  
 Type: Active/Passive      Plan: Y / N      Most recent: \_\_\_\_\_  
 8. Homicidal Thoughts:      ☐ No      ☐ Current      ☐ In Past      Content: \_\_\_\_\_  
 Type: Active/Passive      Plan: Y / N      Most recent: \_\_\_\_\_  
 9. Intentional self-injury:      ☐ No      ☐ Current      ☐ In Past      Content: \_\_\_\_\_  
 Type: Active/Passive      Plan: Y / N      Most recent: \_\_\_\_\_  
 10. Judgment:      ☐ Good      ☐ Fair      ☐ Poor  
 11. Insight:      ☐ Good      ☐ Fair      ☐ Poor      ☐ Denial of Illness/symptoms      ☐ Distorts Symptoms  
 12. Impulse Control:      ☐ Good      ☐ Fair      ☐ Poor

**F. Domains Affected:**      ☐ Education/Vocational      ☐ Interpersonal/Social      ☐ Legal/Financial  
    ☐ Family/Marital      ☐ Emotional      ☐ Physical  
    ☐ Life Stage Transition      ☐ Other \_\_\_\_\_

**G. Stages of Change Assessment:**      ☐ Deferred for formal assessment  
☐ Precontemplation      ☐ Contemplation      ☐ Preparation      ☐ Action      ☐ Maintenance

**H. Spiritual/Religious Assessment:**

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Client's conceptualization of the problem & counseling goals:

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**Recommendations**

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Informed Consent Issues Discussed:

- ☐ Confidentiality (including limits)
- ☐ Emergency Procedures
- ☐ Email Policy
- ☐ Treatment Approach

Next Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_