

**Community Counseling & Psychological Services**  
**Adult Evaluation**

Date:  
Interviewer:  
Name:  
Age:  
DOB:  
ID:  
Diagnosis:

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**HISTORY**

**PRIOR DIAGNOSIS:**

**MEDICATIONS:**

**CURRENT PRESENTING SYMPTOMS**

**Primary Concerns:**

**Inattention/Distractibility/Follow Through** (People tell them they don't listen, spacey, drift in and out of conversations, at work meets fall asleep, lose focus, poor attn to detail, multitasking without completion):

**Organization/Planning/Prioritization/Time Management** (losing, misplacing things, procrastination, late with bells, missed appointments, poor sense of time):

**Hyperactivity/Impulsivity** (mental and/or physical restlessness, racing thoughts, bored easily, need lots of stimuli or change, risk taking bxs, impatience, trouble sleeping- falling asleep or early waking):

**Mood/Emotional/Behavioral Symptoms** (anxiety, stress, depression; how do they manifest i.e. Sweaty palms, racing heart, muscle tension; emotionally reactive, moody):

**Self Medicating** (alcohol, drugs, overuse of rx drugs):

**Self Care:**

**Learning/Processing Disorder Questions**

**Do you have problems finishing school work and/or tests and in the time allotted?**

**When given directions, do you need them repeated, misunderstand them, seem to hear only part of what was said?**

**Do you have difficulty copying from the blackboard?**

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**Do you have difficulty expressing their needs?**

**Do you seem to understand what they read? Do you have to reread to assist in comprehension?**

**LANGUAGE ASSESSMENT:**

**Reading:**

**Reading Comprehension:**

**Listening Comprehension:**

**Verbal Expression:**

**Written**

**Expression:**

**Spelling:**

**Math:**

**HISTORY OF SYMPTOMS:**

**Schooling** (what do they remember teachers/parents saying to or about them; nicknames, told not achieving up to potential; friendships difficult):

**Elementary:**

**Middle School**

**High School**

**College**

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**Work History**

**History of Substance Abuse** (Effects and substances used)

**TREATMENT AND EVALUATIONS:**

**Medications** (dosage, start and stop dates, benefits, side effects)

**Psychological/Neuropsychological Testing/Interventions**

**School Testing/Interventions** (OT, PT, Speech, RSP, IEP, 504 Plan)

**Therapy- individual, family, group**

**POSSIBLE ETIOLOGY**

Ad/hd, LD's depression/anxiety, tics/tourette's, alcoholism, drug abuse, bipolar, OCD

**Maternal**

**Father**

**Pregnancy** (medications/complications)

**Labor/Delivery** (fetal distress, blue baby, jaundice, vacuum/forceps delivery)

**Ear Infections** (age, severity, frequency, tubes)

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**Head Injury** (age, head location, description of injury, symptoms following injury, any tests or treatments of the injury)

**Loss of concentration:**      No      Yes      Duration \_\_\_\_\_

**Disorientation:**              No      Yes      Describe \_\_\_\_\_

**Vomiting:**                      No      Yes

**Hospitalizations/Surgeries**

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**Major Illnesses** (encephalitis/meningitis, fever of 105+)

**FAMILY HISTORY**

**Family structure** (brief description of upbringing, divorce, emotional climate in the home- warm vs. nurturing, cold vs. distant; Siblings, in contact with family now; marital relationship with spouse children, support systems)

**MARITAL DYAD**

**Stability of marriage** (rate on scale 1-10)

**Communication**

**Problem solving/support system**

**Profession/hours at work**

**Please rate the following questions on a 10 point scale**

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**Stress level**    1 2 3 4 5 6 7 8 9 10

**Effectiveness of interventions tried thus far**    1 2 3 4 5 6 7 8 9 10

**How did you find out about Community Counseling?** \_\_\_\_\_

**TREATMENT PREDICTORS**

**GOALS:**

**PLAN:**

**Case Manager** \_\_\_\_\_

**Case Level Rating** \_\_\_\_\_

**Clinician's Signature** \_\_\_\_\_