GLEN F. PASTORES, LMFT #94162
1761 Hotel Circle South, Suite 380
San Diego, CA 92108
Phone: (858) 987-4848 Fax: (858) 987-4949

Patient / Client Name: _____ Patient File #: _____

SUICIDAL IDEATION / IMPULSES / GESTURES

REPORTED HISTORY: _____

CURRENT REPORT: _____

Level of Risk: □minimal □ low □ moderate □high

HOMICIDAL IDEATION / ACTIONS

REPORTED HISTORY: _____

CURRENT REPORT: _____

Level of Risk: □minimal □ low □ moderate □high

OTHER AREAS OF RISK: □ none reported □ Specify:_____

Action Taken to Avert Risk: □ Seek help by calling 911 □ Go to ER or urgent care

□ Call family, friend, or significant other for assistant and support □ Other _____

History of/or current Disability: □ none reported □ Specify:_____

Special Status situations: □ none reported □ Adoption □ Foster child □ Conservatorship □ Probation

□ Other: (Specify) _____

Mental Status

Appearance: □ Casual □ Well-groomed □ Disheveled □ Bizarre □ Inappropriate □ Tearful
Motor Activity: □ Calm □ Hyperactive □ Agitated □ Tremors/Tics □ Tensed
Attitude: □ Cooperative □ Guarded □ Hostile □ Pleasant
Speech: Rate: □ Normal □ Pressured □ Retarded
Volume: □ Normal □ Soft □ Loud
Content: □ Appropriate □ Inappropriate
Mood: □ Normal □ Depressed □ Anxious □ Euphoric □ Hostile
Affect: □ Appropriate □ Labile □ Expansive □ Constricted □ Blunted □ Mixed
Thought Process: □ Organized/Goal Directed □ Circumstantial □ Derailment □ Tangential
□ Loose Associations □ Flight of Ideas
Hallucinations: □ None □ Auditory □ Visual □ Olfactory □ Other (_____)
Delusions: □ None □ Paranoid □ Persecutory □ Grandiose □ Jealous □ Religious
Memory: □ Intact □ Impaired □ Immediate □ Recent □ Remote
Judgements: □ Intact □ Impaired □ Mild □ Moderate □ Severe
Impulse Control: □ Intact □ Impaired □ Mild □ Moderate □ Severe
Insight: □ Intact □ Impaired □ Mild □ Moderate □ Severe
Intellectual Functioning: □ Below □ Normal □ Above
Rituals/repetitive Behavior: □ None □ Describe: _____
Food Intake: □ Adequate □ Inadequate □ Purging □ Laxative □ Other (_____)
Other PERTINENT FINDINGS: _____

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INITIAL DIGNOSIS / CLINICAL IMPRESSIONS

_____

_____

_____

_____

_____

TREATMENT OBJECTIVES:

□ Rapid Stabilization □ Relief of Symptoms □ Education □ Medication Compliance □ Absence of SI/HI/Self Harm □ Abstinence □ Develop/Improve Coping Skills □ Other (specify) _____

TYPES OF TREATMENT:

□ Inpatient: (specify: Voluntary/involuntary, PHP; Detox; Day TX: Crisis House, etc.) _____

□ CD-IOP □ Individual Psychotherapy □ Conjoint Therapy □ Family Psychotherapy

□ Group Psychotherapy □ Behavioral Therapy □ Cognitive Behavioral Psychotherapy □ Play Therapy

□ Problem Solving

□ Psychological Testing □ Psychiatric Evaluation □ Psychiatric Consultation Only

□ Medication Management (specify) _____

COLLATERAL SERVICES BEING USED NOW OR TO BE USED IN THE FUTURE:

□ Self-help Addiction (AA, NA, OA, ACA, Alanon, etc.) □ Other Self-help (Parents United, NAMI, etc.)

□ Community of County Mental Health Services □ Individual reading / homework

□ Other (specifiy):_____

Estimated total # and duration of sessions required for treatment: □ 1-5 □ 6-10 □ 10+ □ 1-5 mo. □ 6-12 mo. □ +1 year

DISCHARGE / CONTINUING CARE PLAN:

□ Med Compliance □ Use of Skills Learned □ Self-evaluation / self-help □ Community Resources

□ Transfer Care to PCP □ Refer to PCP for PE/Labs □ Other (specify):_____

Primary Card Coordination of Care form completed by provider: □ yes □ no

Recommended return appointment: _____

_____

Patient/Legal Rep. Signature Provider Signature / License # Date