Safe Haven Counseling, Pllc

Mental Health | Domestic Violence | Addictions | Grief | Career

Stéphanie Gimenez, MA, NCC, LCMHCA, LCAS-A

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Comprehensive Clinical Assessment (CCA)

Name:	DOB:	MRN:	Ins.#:

Demographic & Insurance Information

Name:	MRN:	Date:
DOB:	Age:	Phone:
Address:		Email:

Primary Ins.: ____________ **Policy#:** ________________________ **Group#:** _______________

Two-Way Consent(s) Needed for Continuity of Care:

☒ Preferred Hospital: ______________________ ☒ Emergency Contact#1: _____________________

☒ Insurance Co.: _______________ ☒ Primary Care Physician: ______________________________

☐ Specialist(s): _____________________________ ☐ Concerned Third Party: __________________

☐ Referral Source: ______________________ ☐ Other: _____________________________________

Referral Source (Person/Organization's Name, Ph.#, Email/Mailing Address):

Emergency Contact (Name; Relation to Client; Email/Ph.#):

Presenting Concerns

1)
2)
3)
4)
5)

Environmental / Psychosocial Stressors

☐ Legal Issues: ____________	☐ Single / Co-Parenting: ______	☐ Medical: _________________
☐ Relationships Issues: ______	☐ Job-Related Stress: ________	☐ Mental Health: ___________
☐ DV/Crime Victim: ________	☐ Financial Stress: __________	☐ Addiction: _______________
☐ Grief/Loss: ______________	☐ Transportation: ___________	☐ Life Transition: ___________
☐ Separation / Divorce: ______	☐ Housing: _________________	☐ Other: ___________________

Notes:

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Values, Strengths, Skills, Talents & Interests

Career Interests / Skills
- ☐ Realistic
- ☐ Investigative
- ☐ Artistic
- ☐ Social
- ☐ Enterprising
- ☐ Conventional
- ☐ Other: ______________

Personality:
- ☐ Introvert
- ☐ Extrovert
- ☐ Flexible
- ☐ Planner
- ☐ Thinker
- ☐ Feeler
- ☐ Intuitive
- ☐ Practical

|________________|________________|
Pessimistic **Realistic** **Optimistic**

Values:

What Is Going Well / Helpful:

Personal / Professional Strengths, Skills, Natural Talents / What You Do Well:

Sleep Hygiene: ☐ Restful Sleep ☐ Fall Asleep Quickly ☐ Heavy Sleep ☐ Light Sleep
☐ Chronic / ☐ Episodic ☐ Decreased ☐ Increased ☐ Need for / ☐ Sleep ☐ Insomnia
☐ Hypersomnia ☐ Fatigue ☐ Nightmares ☐ Sleep-Walking ☐ Wake Up Often
☐ I Work Night Shifts ☐ Breathing Issues | **Sleep Schedule**: ______________________
Notes:

Diet (#Meals/Day): __________ ☐ Diversified ☐ Vegan ☐ Vegetarian ☐ Pescatarian
☐ Water (Amount/Day): __________ ☐ Dairy ☐ Protein ☐ Carbs ☐ Fiber ☐ Fat ☐ Sugars
(i.e. ☐ Soda ☐ Candy/Deserts ☐ Junk Food ☐ Other: ______________________)
☐ Past ☐ Chronic / ☐ Episodic ☐ Decreased Appetite / ☐ Fasting (duration): __________
☐ Past ☐ Chronic / ☐ Episodic ☐ Increased Appetite / ☐ Binge Eating ☐ Purging
Notes:

Physical Activity / Exercise: ☐ Walking ☐ Swimming ☐ Biking ☐ Hiking ☐ Yoga
☐ Combat Sports ☐ Team Sports ☐ Gym ☐ Dance ☐ Other: ______________________
Amount & Frequency: ____

Self-Care Activities/Routines:

Social & Occupational Functioning

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other:
Gender Identity: ________ **Sexual Orientation:** ________ **Racial/Ethnic Identity:** ________
Religion/Spirituality: ______________________
Current Intimate Relationship(s): ☐ Fulfilling ☐ Harmonious ☐ Unsatisfying ☐ Distant
☐ Severed ☐ Conflictual ☐ Enmeshed/Overbearing ☐ Controlling ☐ Abusive → ☐Verbal

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/Emotional ☐ Financial ☐ Physical ☐ Sexual ☐ Other:

Dependents (Names; Ages):
Custody Status: ☐ Past ☐ Current **CPS involvement** (Explain):
☐ **Parenting Issues:**
☐ **Behavior Concerns:** ☐ **Other Concerns:**

Other Important Relationships & Support System(s) (i.e. status/quality, satisfaction level…):

Employment Status: ☐ Employed (☐FT/ ☐PT) ☐ Unemployed (☐Seeking/ ☐Not Seeking)
☐ Homemaker ☐ Disabled (☐Perm/ ☐Temp) ☐ Retired ☐ Furloughed ☐ Student (☐FT/☐PT)

Income: $__________ ☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly **Job Title:** ________
Satisfaction Level: ☐ Very ☐ Somewhat ☐ Not At All **Education Level:** __________
Career Goals/Dream Job: ______________________________

Medical History (Hx)

Primary Care Provider (Practice & Provider Name; Address, Ph.#): **Last PCP Visit:**	**Past & Current Diagnoses (Dx)** (Past / Current): P ☐ C ☐: P ☐ C ☐: P ☐ C ☐:
Last Dental Visit:	**Pharmacy** (Name; Address, Ph.#):
Allergies:	**Barriers to Medical Tx & Recovery:**

Current Rx/OTC	Dosage / Day	Purpose	Prescriber	Start/Stop Date

Specialist(s) (Practice & Provider Name; Address, Ph.#):

Developmental Concerns: ☐ Cognitive ☐ Speech ☐ Motor ☐ Physical ☐ Emotional ☐ Social

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Mental Health (MH) / Substance Abuse (SA) / Addiction History (Hx)

Family Hx: ☐ **MH** ☐ **SA** ☐ **DV** ☐ **Legal** (Persons Involved, Sx & Dx, Charges…):

MH / SA Dx (Past / Current): P ☐ C ☐: P ☐ C ☐:

P/C Rx/OTC	Dosage / Day	Purpose	Prescriber	Start/Stop Date

Psychiatric / MH Care Provider (Name, Practice, Address, Ph.#):

Suicidal Ideations (SI) / Homicidal Ideations (HI) (Past / Current)

P ☐ C ☐ SI | P ☐ C ☐ Threats | P ☐ C ☐ Plan/Intent | ☐ Access to Means | ☐ Attempts
(#; Dates; Means Used…): ______________________________
P ☐ C ☐ HI | P ☐ C ☐ Threats | P ☐ C ☐ Plan/Intent | ☐ Access to Means | ☐ Attempts
(#; Dates; Means Used…): ______________________________
☐ **Hospitalization(s)** (Dates, Purpose…): ______________________________

Trauma Hx (Dates & Persons Involved)

☐ **Verbal/Emotional/Psychological Abuse**:
☐ **Physical Abuse**:
☐ **Sexual Abuse**:
☐ **Harassment**: ☐ Sexual | ☐ Workplace | ☐ Ex-Partner | ☐ Stranger | ☐ Other:
☐ **Stalking/Cyberstalking**:
☐ **Childhood Neglect**:
→ Basic Needs Unmet: ☐ Food ☐ Housing ☐ Safety ☐ Medical/Psychiatric Care ☐ Love / Attention / Affection / Guidance ☐ Leisure / Free Time ☐ Other:
☐ **Exposure to Violence**: ☐ Parental DV ☐ Substance Use ☐ Trafficking ☐ Criminal Activity
☐ **Bullying**: ☐ School ☐ Workplace) ☐ Community Violence (i.e. Gangs…)
☐ **Serious Accident/Medical Issue(s)**:
☐ **Natural Disaster**: ☐ Flood ☐ Fire ☐ Tornado / Hurricane ☐ Other:
☐ **Homelessness**:
☐ **Unexpected or Violent Death / Loss of Loved One(s)**:

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Mental Health Hx

Past (12+ months) & Current (Past 12 months) **Sx**

Neuro-Cognitive: P ☐ C ☐ Detail-oriented P ☐ C ☐ Disorganized P ☐ C ☐ Forgetfulness	P ☐ C ☐ Easily Distractible P ☐ C ☐ Careless mistakes P ☐ C ☐ Procrastination P ☐ C ☐ Fidgety / Squirmy	P ☐ C ☐ Restless / Wound Up P ☐ C ☐ Hyperactive P ☐ C ☐ Easily Bored P ☐ C ☐ Interruptive
Notes:		

Depressive Sx (Past/Current): P ☐ C ☐ Depressed Mood / Melancholy P ☐ C ☐ Chronic ☐ Episodic Unhappiness P ☐ C ☐ Crying Spells P ☐ C ☐ Chronic ☐ Episodic Fatigue P ☐ C ☐ Hypersomnia | P ☐ C ☐ Insomnia P ☐ C ☐ Physical Pains/Aches P ☐ C ☐ Low Motivation	P ☐ C ☐ Loss of Interest P ☐ C ☐ Distractibility / Forgetfulness P ☐ C ☐ Self-esteem Issues P ☐ C ☐ Excessive Guilt P ☐ C ☐ Hopelessness P ☐ C ☐ Worthlessness / Uselessness P ☐ C ☐ Dwelling/Wallowing Thoughts P ☐ C ☐ SI / Threats / Attempts
Notes:	

Anxious Sx (Past/Current): P ☐ C ☐ Anxiety P ☐ C ☐ Nervousness P ☐ C ☐ Stress Headaches P ☐ C ☐ Trouble Relaxing P ☐ C ☐ Dizziness P ☐ C ☐ Digestive issues P ☐ C ☐ Blurry Vision P ☐ C ☐ Sleep Issues	P ☐ C ☐ Pacing P ☐ C ☐ Distractibility P ☐ C ☐ Muscle Weakness P ☐ C ☐ Muscle Tension P ☐ C ☐ Racing Thoughts P ☐ C ☐ Obsessions P ☐ C ☐ Compulsions P ☐ C ☐ Social anxiety P ☐ C ☐ Impulsivity	P ☐ C ☐ Indecisiveness P ☐ C ☐ Impaired Judgment P ☐ C ☐ Panic Attacks: ☐ Sweating ☐ Flushing ☐Rapid Heart Rate ☐ Chest Pains ☐ Hyperventilating P ☐ C ☐ Irritability P ☐ C ☐ Fears/Phobias:
Notes:		

Posttraumatic Sx: P ☐ C ☐ Nightmares P ☐ C ☐ Re-Experiencing P ☐ C ☐ Flashbacks	P ☐ C ☐ Memory Issues P ☐ C ☐ Hypervigilance P ☐ C ☐ Fears / Phobias P ☐ C ☐ Poor Self-Concept	P ☐ C ☐ Avoidant Bx P ☐ C ☐ Social Stress P ☐ C ☐ Emotional Issues P ☐ C ☐ Cognitive Issues
Notes:		
Anger: P ☐ C ☐ Hypersensitive	P ☐ C ☐ Anger Outbursts P ☐ C ☐ Frequent Yelling	P ☐ C ☐ Prosecutory Bx P ☐ C ☐ Cruel / Sadist Bx

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P ☐ C ☐ Emotionally Reactive	P ☐ C ☐ Road Rage	P ☐ C ☐ Uncompassionate
P ☐ C ☐ Interrupting Bx	P ☐ C ☐ Indifferent/Detached	P ☐ C ☐ Selfish/-Centered
P ☐ C ☐ Disruptive Bx	P ☐ C ☐ Apathetic/Hateful	P ☐ C ☐ Violent / Abusive
P ☐ C ☐ Argumentative	P ☐ C ☐ Defiant Bx	☐ Verbally ☐ Emotionally
P ☐ C ☐ Judgmental	P ☐ C ☐ Intimidating Bx	☐ Psychologically ☐ Physically
P ☐ C ☐ Unyielding/Rigid	P ☐ C ☐ Controlling Bx	☐ Financially ☐ Sexually

Sx Triggers: ☐ People ☐ Women ☐ Elderly ☐ Children ☐ Animals/Pets ☐ Other:

Manic Sx (Episodic 1+ week):	P ☐ C ☐ Decreased Need for Sleep
P ☐ C ☐ Elevated Mood	P ☐ C ☐ Social/Relationship Issues
P ☐ C ☐ Euphoria	P ☐ C ☐ Hyperactivity: ☐ Goal-Oriented ☐ Purposeless
P ☐ C ☐ Grandiosity	P ☐ C ☐ Agitation
P ☐ C ☐ Racing Thoughts	P ☐ C ☐ High-Risk / Extreme / Excessive Bx:
P ☐ C ☐ Forgetfulness	☐ Hypersexual ☐ Hyperverbal ☐ Excessive spending
P ☐ C ☐ Distractibility	P ☐ C ☐ Unrealistic / Unsustainable ☐ Thoughts ☐ Moods
P ☐ C ☐ Irritability	☐ Ambitions ☐ Projects ☐ Decisions ☐ Bx ☐ Other: ________

Notes:

Disordered Personality Sx:	P ☐ C ☐ Hypersensitivity	P ☐ C ☐ Pushy/Controlling
P ☐ C ☐ Loneliness	P ☐ C ☐ Extreme Emotions	P ☐ C ☐ Manipulative
P ☐ C ☐ Emptiness	P ☐ C ☐ Out-Of-Control	P ☐ C ☐ Compulsive Bx (i.e.
P ☐ C ☐ Inferiority Complex	P ☐ C ☐ Obsessive Bx	Lying; Stealing; Eating…)
P ☐ C ☐ Self-Harming Bx	P ☐ C ☐ Abandonment	P ☐ C ☐ Hero/Savior Cplx
P ☐ C ☐ High-Risk Bx	P ☐ C ☐ Co-Dependent	P ☐ C ☐ Superiority Cplx
P ☐ C ☐ Impulsive Bx	P ☐ C ☐ Needy/Overbearing	P ☐ C ☐ Sense of Persecution

Notes:

Psychotic Sx:
P ☐ C ☐ Auditory Hallucinations: ☐ Voices ☐ Noises ☐ Music ☐ Other: ______________
P ☐ C ☐ Visual Hallucinations: ☐ Visions ☐ Reflections ☐ Symbols ☐ Demons ☐ People
P ☐ C ☐ Olfactory Hallucinations (Describe Smells): __________________________________
P ☐ C ☐ Tactile Hallucinations: ☐ Touched ☐ Hit ☐ Other Sensations: _______________
P ☐ C ☐ Cognitive Impairments (i.e. Disorganized Speech; Memory/Concentration Issues…)
P ☐ C ☐ Disorganized Psychomotor Activity: ☐ Tremors ☐ Delayed movement ☐ Jerks
P ☐ C ☐ Negative Sx: ☐ Flat Affect ☐ Catatonia ☐ Stupor ☐ Mutism ☐ Other: _________
P ☐ C ☐ Delusions: ☐ Somatic ☐ Grandiose ☐ Persecutory ☐ Paranoid ☐ Erotomaniac

Notes:

Substance Abuse & Addiction Hx

Past (12+ months) & Current (Past 12 months)

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Process Addiction(s): ☐ Food ☐ Sex ☐ Emotional / Relationship (Co-)Dependence
☐ Gambling ☐ Shopping ☐ Exercise ☐ Gaming / Social Media ☐ Fetish: ________________
☐ Other Obsessive/Compulsive Bx: ____
Substance Use Screening: **P** ☐ **C** ☐ Nicotine **P** ☐ **C** ☐ Caffeine **P** ☐ **C** ☐ Cannabis
P ☐ **C** ☐ Alcohol: ☐ Use ☐ Misuse ☐ Abuse ☐ Dependence ☐ Intoxication ☐ Withdrawal
P ☐ **C** ☐ Stimulants: ☐ Use ☐ Misuse ☐ Abuse ☐ Dependence ☐ Intoxication ☐ Withdrawal
P ☐ **C** ☐ Sedatives: ☐ Use ☐ Misuse ☐ Abuse ☐ Dependence ☐ Intoxication ☐ Withdrawal
P ☐ **C** ☐ Benzos: ☐ Use ☐ Misuse ☐ Abuse ☐ Dependence ☐ Intoxication ☐ Withdrawal
P ☐ **C** ☐ Opioids: ☐ Use ☐ Misuse ☐ Abuse ☐ Dependence ☐ Intoxication ☐ Withdrawal
P ☐ **C** ☐ Hallucinogens **P** ☐ **C** ☐ Inhalants **P** ☐ **C** ☐ Designer Drugs

Age At:	1st Use	Last Use	Amount & Frequency	Method
Nicotine				
Caffeine				
Cannabis				
Alcohol				
Stimulants				
Sedatives / Benzos				
Opioids				
Hallucinogens				
Inhalants				
Designer Drugs				

Timeline:

Reasons To Use:

Reasons Not To:

Quit Attempts: ____ **Relapses**: _____
Cravings (Frequency/Intensity):

Triggers (Locations; People; Situations…):

Sobriety Tools / Coping Strategies	**Un-/Helpful Scale**
☐ Mutual Support Group:	0 5 10
☐ Accountability Buddy / Sponsor:	0 5 10
☐ Friend(s) / Family Allies:	0 5 10
☐ Positive Self-Talk:	0 5 10

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☐ School / Work: ☐ (Neglected) Child-/ Self-Care (Exercise; Diet) ☐ (Forgotten) Hobbies (Reading; Art; Music; Cooking; Crafts; Events…): ☐ Other:	0 5 10 0 5 10 0 5 10

Functioning & Distress Levels

Life Domains Affected by MH Sx / Addiction(s): ☐ None ☐ Social / Emotional (i.e. Support Systems) | ☐ Occupational (i.e. Career; Education…) ☐ Basic needs (Own &/or Dependents): ☐ Food | ☐ Housing | ☐ Utilities | ☐ Healthcare | ☐ Financial ☐ Transportation | ☐ Other:

Distress Level

|____|____|____|____|____|____|____|____|____|____|

0 1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Services Requests & Recommendations

Risk Assessment: ☐ None ☐ Low ☐ High		☐ **S/H Prevention Plan**	☐ **DV/IPV Safety Plan**
☐ **Relapse Prevention**	☐ **Harm Prevention**	☐ **Detox** (Alcohol/Opioid)	☐ **Vol. IPT / IVC**
☐ **CM / Advocacy**	☐ **Individual OPT**	☐ **Couple Counseling**	☐ **Family Counseling**
☐ **DV Anonymous**	☐ **DBT Trauma Grp**	☐ **Complex Grief Grp**	☐ **Single Parents Grp**
☐ **Process Addiction**	☐ **Rethinking Your Drinking Group**		☐ **CNS 4 Counselors**

REFERRALS

☐ Legal Services ☐ Dept. Social Services ☐ Nutritional Services ☐ Primary Care Physician
☐ OBGYN ☐ Dentistry ☐ Psychiatry ☐ Sleep Study ☐ Optometrist ☐ Personal Trainer
☐ Financial Advisor ☐ Massage Therapist ☐ Neurological Testing (i.e. ADHD; DD; Autism…)
☐ Adjunct Services: ____

Client's Name: ________________________ **Client's Signature:** ________________________

Clinician's Signature & Credentials: ______________________________ **Date:** ___________

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