



# Safe Haven Counseling, PLLC

Mental Health | Domestic Violence | Addictions | Grief | Career

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

163 Stratford Court, Suite 225 | Winston-Salem, NC 27103

**Office:** (336) 396-7834 | **Crisis:** (336) 986-2720 | **Fax:** (336) 217-8708

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## Comprehensive Clinical Assessment (CCA)

<b>Name:</b>	<b>DOB:</b>	<b>MRN:</b>	<b>Ins.#:</b>
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### Demographic & Insurance Information

<b>Name:</b>	<b>MRN:</b>	<b>Date:</b>
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<b>DOB:</b>	<b>Age:</b>	<b>Phone:</b>
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<b>Address:</b>	<b>Email:</b>
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<b>Primary Ins.:</b> _____	<b>Policy#:</b> _____	<b>Group#:</b> _____
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**Two-Way Consent(s) Needed for Continuity of Care:**

Preferred Hospital: \_\_\_\_\_ |  Emergency Contact: \_\_\_\_\_

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)

### Environmental / Psychosocial Stressors

<input type="checkbox"/> Legal Issues: _____	<input type="checkbox"/> Single / Co-Parenting: _____	<input type="checkbox"/> Medical: _____
<input type="checkbox"/> Relationships Issues: _____	<input type="checkbox"/> Job-Related Stress: _____	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> DV/Crime Victim: _____	<input type="checkbox"/> Financial Stress: _____	<input type="checkbox"/> Addiction: _____
<input type="checkbox"/> Grief/Loss: _____	<input type="checkbox"/> Transportation: _____	<input type="checkbox"/> Life Transition: _____
<input type="checkbox"/> Separation / Divorce: _____	<input type="checkbox"/> Housing: _____	<input type="checkbox"/> Other: _____

**Notes:**





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### (FOR OFFICE USE ONLY) Treatment (Tx) Goals

(Perceptions, Expectations, Readiness to Change)

- 1)  Deepen insight into domestic abuse history & safety plan to reduce & prevent future risks of abuse (i.e. phys., emo., psych., fin....) & begin the recovery process.
- 2)  Deepen insight into, learn to effectively manage & reduce \_\_\_\_\_ & \_\_\_\_\_ Sx, related psychosocial impairments (i.e.  interpersonal;  occupational;  emotional;  financial;  parenting...) & psychological distress.
- 3)  Deepen insight into, learn to effectively manage & reduce problematic use, misuse, abuse &/or dependence of \_\_\_\_\_ &/or \_\_\_\_\_ so as to learn to  moderate & prevent harm to self (i.e. health problems; serious injuries; mental health issues...), others (i.e. interpersonal conflicts) or other negative consequences (i.e. reduced job / school performance...); or  to prevent relapse.
- 4)  Advance through grieving process.

#### Mental Health:

- Pre-Contemplation
- Contemplation
- Preparation
- Action
- Maintenance/Sobriety (#: \_\_\_\_\_)
- Recycling/Relapse (#: \_\_\_\_\_)

#### Addiction:

- Pre-Contemplation
- Contemplation
- Preparation
- Action
- Maintenance/Sobriety (#: \_\_\_\_\_)
- Recycling/Relapse (#: \_\_\_\_\_)

- 5)  Improve overall psychosocial (i.e.  intrapersonal;  interpersonal;  occ. / acad.;  emo.;  fin.;  co-parenting...) functioning (i.e.  effective communication;  healthy boundaries;  conflict resolution;  career exploration / job search / applying / interviewing...) across life domains (i.e. at home; at school / work) & improve quality of important relationships (i.e. \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_), expand / strengthen / better utilize natural support systems, &/or  advance through career development.
- 6)  Identify root causes of \_\_\_\_\_ & \_\_\_\_\_ issues, work through & resolve  traumatic incidents &/or  attachment (i.e.  codependent /  excessively detached / apathetic) / relationship style issues, learn to meet own physical (i.e. food, shelter, safety...) & mental health needs (i.e. love, acceptance, approval, respect, care, attention, guidance...) more effectively & consistently so as to rebuild confidence & assertiveness (i.e. self-advocacy...) &/or  establish more positive, healthy & helpful self-care routines (i.e.  sleep hygiene;  exercise;  diet;  coping...) & improve overall health.

### 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:





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### 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  Sleepwalking  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  Dating  
 Casual  Serious / Committed  Monogamous  Polyamorous  Open  Domestic  
 Partnership **Gender Identity:** \_\_\_\_\_ **Sexual Orientation:** \_\_\_\_\_ **Racial/Ethnic Identity:**

\_\_\_\_\_ **Religion/Spirituality:** \_\_\_\_\_

**Current Intimate Relationship(s):**  Fulfilling  Harmonious  Unsatisfying  Distant  
 Severed  Conflictual  Enmeshed/Overbearing  Controlling  Abusive →   
 Verbal / Emotional  Financial  Physical  Sexual  Other:

**Dependents (Names; Ages):**

**Custody Status:**  P  C CPS involvement (Explain):

Parenting Issues:  Behavior Concerns:

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

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





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**Income:** \$ \_\_\_\_\_ /  Hr.  Wk.  Mo.  Yr. | **Job Title:** \_\_\_\_\_  
**Satisfaction Level:**  Very  Somewhat  Not At All | **Education:** \_\_\_\_\_  
**Career Goals / Dream Job:** \_\_\_\_\_

### Medical Status

**Primary Care Provider** (Practice & Provider Name; Address, Ph.#):

**Past & Current Diagnoses (Dx)** (Past / Current):

P  C

P  C

**Allergies:**

**Last PCP Visit:**

**Last Dental Visit:**

**Pharmacy** (Name; Address, Ph.#):

**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

### 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

P  C

P  C

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





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**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** (Caregivers):

→ **Basic Needs Unmet:**  Food  Housing  Safety  Medical/Psychiatric Care  Love / Attention / Affection / Guidance  Social / Leisure / Free Time & Space  Other:

**Exposure to Violence/Trafficking/Criminal Activities:**  Parental DV  Substance Use

Trafficking  Criminal Activity  School  Workplace  Community (i.e. Gangs...)

**Bullying:**

**Serious or Life-threatening Accident / Medical Issue(s):**

**Natural Disaster:**  Flood  Fire  Tornado/Hurricane  Earthquake  Other:

**Homelessness:**

**Unexpected or Violent Death / Loss of Loved One(s):**

**Discrimination:**  Racial/Ethnic  Religious  Socio-Economic  Sexual orientation

Gender Identity  Other:

**Immigration:**

### (FOR OFFICE USE ONLY) Mental Health Status

**Orientation:**  All 4X |  People  Place  Time  Situation |  None

**Eye Contact:**  Excessive / Intense  Good

Avoidant  None  Other: \_\_\_\_\_

**Judgement:**  Good  Fair  Poor

**Appearance:**  Neat  Unremarkable

Sloppy  Disheveled  Other: \_\_\_\_\_

**Hygiene:**  Good  Fair  Poor





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**Attitude / Affect / Mood:**  Attentive  Engaged  Motivated  Eager  Enthusiastic  
 Positive  Bright  Elevated  Euphoric  Cooperative  Humorous  Other:

Unremarkable  Flat  Indifferent / Nonchalant  Careless  Distractible /  
 Preoccupied / Absent-minded  Confused  Passive  Evasive  Reluctant /  
 Apprehensive / Excessively Shy  Guarded  Anxious  Fearful  Other:

Pessimistic  Depressed  Defeatist  Fatalist  Remorseful  Disempowered /  
 Hopeless  Over-compromising  Severely Distressed  Persecuted / Helpless

Attention-Seeking  Codependent  Compulsive  Pushy / Demanding  Flirtatious  
 Inappropriate  Manipulative  Deceitful  Controlling  Uncompromising / Rigid  
 Irritable  Argumentative  Resistant  Frustrated / Angry  Disdainful / Arrogant  
 Apathetic  Antagonistic  Intimidating  Aggressive  Oppressive / Abusive   
 Explosive  Unremorseful  Cruel / Sadistic  Other:

**Motor:**  Unremarkable  Calm  Sluggish  
 Lethargic  Tense  Agitated  Fidgety  
 Hyperactive  Pacing  Tics  Tremors /  
 Shakes  Constricted  Awkward  \_\_\_\_\_

**Memory:**  Long-Term  Short-Term  
 Lapsed / Blocked  Repressed   
 Selective  Vague  Disorganized   
 Confused  Other: \_\_\_\_\_

**Tone of Speech:**  Unremarkable  Inaudible  Soft  Normal  Loud  Obnoxious  
 Stringent  Mute  Melodious  Incongruent  Other: \_\_\_\_\_

**Enunciation:**  Unremarkable  Clear  Eloquent  Mumbled  Slurred  Stuttered  
 Rhyming / Rapping  Other: \_\_\_\_\_

**Pace of Speech:**  Delayed  Normal  Rapid  Monotone  Spontaneous  Pressured  
 Rhythmic  Other: \_\_\_\_\_

**Intellect:**  Average  Above Average  Below Average  Delayed  Disabled

**Thought Pattern:**  Unremarkable  Logical  Goal-Oriented  Aimless  
 Irrelevant  Disorganized  Confused/Confusing  Loosely Associated  Incoherent  
 / Incomprehensible  Word Salad  Avoidant / Indirect  Long-winded / Tangential

**Thought Content:**  Insightful  Relevant  Concrete  Relational  Abstract  
 Logical  Reasonable  Past-Oriented  Present-Oriented  Future-Oriented  
 Optimistic  Realistic  Pessimistic  Obsessive  Fatalist  Unrealistic  
 Irrational  Tangential  Delusional  Paranoid  Fearful  Incongruent  
 Deceitful/Manipulative  Morbid  Intimidating  Threatening  Suicidal  
 Homicidal  Other: \_\_\_\_\_

### Mental Health Hx

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







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<b>Neuro-Cognitive:</b> P <input type="checkbox"/> C <input type="checkbox"/> Inattentiveness P <input type="checkbox"/> C <input type="checkbox"/> Forgetfulness P <input type="checkbox"/> C <input type="checkbox"/> Distractibility P <input type="checkbox"/> C <input type="checkbox"/> Concentration Issue P <input type="checkbox"/> C <input type="checkbox"/> Absent-Mindedness P <input type="checkbox"/> C <input type="checkbox"/> Disorganization (i.e.	Prioritizing; Time Mgt / Punctuality; Home / Work Spaces) P <input type="checkbox"/> C <input type="checkbox"/> Procrastination P <input type="checkbox"/> C <input type="checkbox"/> Careless Mistakes P <input type="checkbox"/> C <input type="checkbox"/> Fidgety / Squirmy P <input type="checkbox"/> C <input type="checkbox"/> Restless / Wound Up P <input type="checkbox"/> C <input type="checkbox"/> Hyperactive	<input type="checkbox"/> Goal-Oriented <input type="checkbox"/> Aimless P <input type="checkbox"/> C <input type="checkbox"/> Easily Bored P <input type="checkbox"/> C <input type="checkbox"/> Impatience P <input type="checkbox"/> C <input type="checkbox"/> Irritability P <input type="checkbox"/> C <input type="checkbox"/> Impulsivity P <input type="checkbox"/> C <input type="checkbox"/> Interruptive Bx P <input type="checkbox"/> C <input type="checkbox"/> Disruptive Bx
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**Notes:**

<b>Depressive Sx (Past/Current):</b> P <input type="checkbox"/> C <input type="checkbox"/> Depressed Mood / Melancholy P <input type="checkbox"/> C <input type="checkbox"/> Chronic <input type="checkbox"/> Episodic Unhappiness P <input type="checkbox"/> C <input type="checkbox"/> Crying Spells P <input type="checkbox"/> C <input type="checkbox"/> Chronic <input type="checkbox"/> Episodic Fatigue P <input type="checkbox"/> C <input type="checkbox"/> Hypersomnia   P <input type="checkbox"/> C <input type="checkbox"/> Insomnia P <input type="checkbox"/> C <input type="checkbox"/> Physical Pains / Aches P <input type="checkbox"/> C <input type="checkbox"/> Low Motivation	P <input type="checkbox"/> C <input type="checkbox"/> Loss of Interest / Enjoyment P <input type="checkbox"/> C <input type="checkbox"/> Self-esteem Issues P <input type="checkbox"/> C <input type="checkbox"/> Excessive Guilt P <input type="checkbox"/> C <input type="checkbox"/> Hopelessness P <input type="checkbox"/> C <input type="checkbox"/> Worthlessness / Uselessness P <input type="checkbox"/> C <input type="checkbox"/> Dwelling / Wallowing Thoughts P <input type="checkbox"/> C <input type="checkbox"/> SI / Threats / Attempts P <input type="checkbox"/> C <input type="checkbox"/>
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**Notes:**

<b>Anxious Sx (Past/Current):</b> P <input type="checkbox"/> C <input type="checkbox"/> Anxiety P <input type="checkbox"/> C <input type="checkbox"/> Nervousness P <input type="checkbox"/> C <input type="checkbox"/> Easily Stressed P <input type="checkbox"/> C <input type="checkbox"/> Stress Headaches P <input type="checkbox"/> C <input type="checkbox"/> Trouble Relaxing P <input type="checkbox"/> C <input type="checkbox"/> Dizziness P <input type="checkbox"/> C <input type="checkbox"/> Digestive issues	P <input type="checkbox"/> C <input type="checkbox"/> Blurry Vision P <input type="checkbox"/> C <input type="checkbox"/> Pacing P <input type="checkbox"/> C <input type="checkbox"/> Muscle Weakness P <input type="checkbox"/> C <input type="checkbox"/> Muscle Tension P <input type="checkbox"/> C <input type="checkbox"/> Racing Thoughts P <input type="checkbox"/> C <input type="checkbox"/> Obsessive Thinking P <input type="checkbox"/> C <input type="checkbox"/> Social anxiety P <input type="checkbox"/> C <input type="checkbox"/> Indecisiveness	P <input type="checkbox"/> C <input type="checkbox"/> Impaired Reasoning P <input type="checkbox"/> C <input type="checkbox"/> Excessive Worrying P <input type="checkbox"/> C <input type="checkbox"/> Panic Attacks: <input type="checkbox"/> Sweating <input type="checkbox"/> Flushing <input type="checkbox"/> Rapid Heart Rate <input type="checkbox"/> Chest Pains/Pressure <input type="checkbox"/> Dizziness <input type="checkbox"/> Hyperventilating <input type="checkbox"/> _____ P <input type="checkbox"/> C <input type="checkbox"/> Fears/Phobias:
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**Notes:**

<b>Posttraumatic Sx:</b> P <input type="checkbox"/> C <input type="checkbox"/> Intrusive Memories P <input type="checkbox"/> C <input type="checkbox"/> Flashbacks P <input type="checkbox"/> C <input type="checkbox"/> Nightmares P <input type="checkbox"/> C <input type="checkbox"/> Re-Experiencing P <input type="checkbox"/> C <input type="checkbox"/> Dissociating P <input type="checkbox"/> C <input type="checkbox"/> Emo. Numb / Shock P <input type="checkbox"/> C <input type="checkbox"/> Memory Issues (i.e. Lapses; Blocks; Repressed; Disorganized; Faint/Blurred) P <input type="checkbox"/> C <input type="checkbox"/> Internal Triggers (i.e. Thoughts; Feelings...)	P <input type="checkbox"/> C <input type="checkbox"/> External Reminders (i.e. People; Places; Situations...): P <input type="checkbox"/> C <input type="checkbox"/> Severe Distress <u>Intensity (0-10):</u>   <u>Duration:</u> P <input type="checkbox"/> C <input type="checkbox"/> Physiological Reaction/Sensations: P <input type="checkbox"/> C <input type="checkbox"/> Avoidant Bx P <input type="checkbox"/> C <input type="checkbox"/> Social Isolation P <input type="checkbox"/> C <input type="checkbox"/> Activities W/D P <input type="checkbox"/> C <input type="checkbox"/> Persistent Fear P <input type="checkbox"/> C <input type="checkbox"/> Hypervigilance P <input type="checkbox"/> C <input type="checkbox"/> Easily Startled	P <input type="checkbox"/> C <input type="checkbox"/> Trust issues P <input type="checkbox"/> C <input type="checkbox"/> Hypersensitivity P <input type="checkbox"/> C <input type="checkbox"/> Defensiveness P <input type="checkbox"/> C <input type="checkbox"/> Self-Critical P <input type="checkbox"/> C <input type="checkbox"/> Self-Doubt / Blame P <input type="checkbox"/> C <input type="checkbox"/> Shame / Regret P <input type="checkbox"/> C <input type="checkbox"/> Self-Destructive P <input type="checkbox"/> C <input type="checkbox"/> Self-Sabotaging P <input type="checkbox"/> C <input type="checkbox"/> Risky / Reckless Bx P <input type="checkbox"/> C <input type="checkbox"/> Moodiness P <input type="checkbox"/> C <input type="checkbox"/> Short-Tempered P <input type="checkbox"/> C <input type="checkbox"/> Emo. Reactive
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		<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Argumentative
--	--	---

**Traumatic Event(s) (TEs)** (Persons involved; Dates...):

<b>Emotional Management:</b>		
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Frequent Yelling	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Stubborn	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Superiority Complex
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Anger Outbursts	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Verbally Aggressive	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Judgmental
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Rebellious Bx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Intimidating Bx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Hyper-Critical
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Defiant Bx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Controlling Bx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Prosecutory Bx
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Road Rage	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Violent / Abusive Bx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Cruel / Sadist Bx
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Fits of Rage	<input type="checkbox"/> Verbally <input type="checkbox"/> Emo. <input type="checkbox"/> Psych.	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Uncompassionate
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Adapting to Change	<input type="checkbox"/> Phys. <input type="checkbox"/> Fin. <input type="checkbox"/> Sex.	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Selfish/-Centered
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Unyielding / Rigid	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Hero / Savior Cplx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Apathetic / Hateful
		<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Soc./Emo. Indifferent

**Triggers:**  People  Women  Elderly  Children  Animals/Pets  Other:

<b>Disordered Personality Sx:</b>		
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Loneliness	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Out-Of-Control	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Easily Influenced
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Emptiness	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Self-Harming Bx	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Manipulative
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Hypersensitivity	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Inferiority Complex	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Feeling Persecuted
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Extreme Emotions	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Self-Critical	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Needy / Overbearing
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Emo. Reasoning	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Abandonment Issue	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Pushy / Controlling
	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Co-Dependence	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Bitter / Resentful

**Notes:**

<b>Manic Sx</b> (Episodic 1+ week):		
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Elevated Mood	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Flight of Ideas / Racing Thoughts / Mind	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Agitated / Impatient / Impulsive / Hyperactive
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Euphoric Mood	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> High-Risk / Extreme / Excessive / Grandiose Bx:	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Unrealistic / Unsustainable <input type="checkbox"/> Thoughts <input type="checkbox"/> Moods
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Grandiosity	<input type="checkbox"/> Hypersexual <input type="checkbox"/> Hyperverbal <input type="checkbox"/> Excessive Spending	<input type="checkbox"/> Ambitions <input type="checkbox"/> Projects <input type="checkbox"/> Decisions <input type="checkbox"/> Bx <input type="checkbox"/> Other: _____
<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Lesser Need to Sleep	<b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Unrealistic / Unsustainable	
<b>Duration / Frequency:</b>		

**Notes:**

**Psychotic Sx:**

**P**  **C**  Auditory Hallucinations:  Voices  Noises  Music  Other: \_\_\_\_\_

**P**  **C**  Visual Hallucinations:  Visions (i.e. People; Spirits...)  Reflections  Symbols

**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







# Safe Haven Counseling, PLLC

Mental Health | Domestic Violence | Addictions | Grief | Career

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

163 Stratford Court, Suite 225 | Winston-Salem, NC 27103

**Office:** (336) 396-7834 | **Crisis:** (336) 986-2720 | **Fax:** (336) 217-8708

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## Comprehensive Clinical Assessment (CCA)

<b>Name:</b>	<b>DOB:</b>	<b>MRN:</b>	<b>Ins. #:</b>
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- P**  **C**  Negative Sx:  Flat Affect  Catatonia  Stupor  Mutism  Other: \_\_\_\_\_  
**P**  **C**  Delusions:  Somatic  Grandiose  Persecutory  Paranoid  Erotomaniac  
**P**  **C**  Disorganized / Loosely Associated Thinking → Tangential

**Notes:**

<b>CALOCUS Score:</b> _____ (OFFICE USE)	1	2	3	4	5
<b>Dimension I</b> (Risk of Harm):					
<b>Dimension II</b> (Functional Status):					
<b>Dimension III</b> (Co-Morbidity):					
<b>Dimension IV-A</b> (Environmental Stress):					
<b>Dimension IV-B</b> (Environmental Support):					
<b>Dimension V</b> (Resilience & Treatment Hx):					
<b>Dimension VI</b> (Acceptance & Engagement):					

**Recommended Level of Care (LOC):**  1-OPT (1-2x/mo.)  2-I-OPT (1-2x/wk.)  3-IOP (3-4x/wk.)  4-PHP (5x/wk.)  5-IPT (24/7) | **Rationale:**

### Substance Abuse & Addiction Hx

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

- Process Addiction(s):**  Food  Sex  Emotional / Relationship (Co-)Dependence  
 Gambling  Shopping  Exercise  Gaming / Social Media  Fetish: \_\_\_\_\_  
 Other Obsessive/Compulsive Bx (i.e. Lying; Stealing...): \_\_\_\_\_

- Substance Use Screening:** **P**  **C**  Nicotine **P**  **C**  Caffeine **P**  **C**  Cannabis  
**P**  **C**  Alcohol:  Use  Misuse  Abuse  Dependence  Intoxication  W/D  
**P**  **C**  Stimulants:  Use  Misuse  Abuse  Dependence  Intoxication  W/D  
**P**  **C**  Sedatives:  Use  Misuse  Abuse  Dependence  Intoxication  W/D  
**P**  **C**  Benzos:  Use  Misuse  Abuse  Dependence  Intoxication  W/D  
**P**  **C**  Opioids:  Use  Misuse  Abuse  Dependence  Intoxication  W/D  
**P**  **C**  Hallucinogens **P**  **C**  Inhalants **P**  **C**  Designer Drugs

Age At:	1st Use	Last Use	Amount & Frequency	Method
Nicotine				
Caffeine				
Cannabis				
Alcohol				
Stimulants				





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<b>Sedatives / Benzos</b>				
<b>Opioids</b>				
<b>Hallucinogens</b>				
<b>Inhalants</b>				
<b>Designer Drugs</b>				
<b>Timeline:</b>		<b>Quit Attempts:</b> ____ <b>Relapses:</b> ____		
<b>Reasons To Use:</b>		<b>Cravings</b> (Frequency/Intensity):		
<b>Reasons Not To:</b>		<b>Triggers</b> (Locations; People; Situations...):		
<b>Sobriety Tools / Coping Strategies</b>			<b>Un-/Helpful Scale</b>	
<input type="checkbox"/> Mutual Support Group:			0      5      10	
<input type="checkbox"/> Accountability Buddy / Sponsor:			0      5      10	
<input type="checkbox"/> Friend(s) / Family Allies:			0      5      10	
<input type="checkbox"/> Positive Self-Talk:			0      5      10	
<input type="checkbox"/> School / Work:			0      5      10	
<input type="checkbox"/> (Neglected) Child-/ Self-Care (Exercise; Diet)			0      5      10	
<input type="checkbox"/> Hobbies (Reading; Art; Music; Cooking; Crafts; Events...):			0      5      10	
<input type="checkbox"/> Other:			0      5      10	
<b>ASAM Criteria &amp; Score:</b> ____ (OFFICE USE ONLY)			<b>1</b>	<b>2</b>
<b>Dimension 1</b> (Acute Intoxication & Withdrawal Potential):				
<b>Dimension 2</b> (Bio-Medical Conditions & Complications):				
<b>Dimension 3</b> (Cognitive, Behavioral & Emotional Complications):				
<b>Dimension 4</b> (Readiness to Change):				
<b>Dimension 5</b> (Relapse, Continued Use & Relapse Potential):				
<b>Dimension 6</b> (Recovery Environment):				
<b>Placement:</b> <input type="checkbox"/> 1-OPT (1-2x/mo.) <input type="checkbox"/> 2-SIOP (1-3x/wk.)/ PHP (4-5x/wk.) <input type="checkbox"/> 3-IPT / OMT (24/7)				
<b>Rationale:</b>				
<b>Functioning &amp; Distress Levels</b>				





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**Life Domains Affected by MH Sx / Addiction(s):**  None  Social / Emotional (i.e. Support Systems) |  Occupational / Academic  Basic needs (Own &/or Dependents) (  Food |  Housing |  Bills |  Healthcare |  Financial  Transportation)  Other:

### Distress Level

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DSM-V	ICD-10	Diagnoses & Specifiers	(FOR OFFICE USE ONLY)
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### Rationale & Case Conceptualization:

**Level of Care:** OPT

**Tx Frequency:**

**Tx Length:**

**Prognosis:**  Poor  Fair  Good  Excellent

### Services Requests & Recommendations

<b>Risk Assessment:</b> <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> S/H Prevention Plan	<input type="checkbox"/> DV Safety Plan
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/> Harm Prevention	<input type="checkbox"/> Detox (Alcohol/Opioid)
<input type="checkbox"/> DV CM / Advocacy	<input type="checkbox"/> Individual OPT	<input type="checkbox"/> Couple/Family OPT
<input type="checkbox"/> DV Anonymous	<input type="checkbox"/> DBT Trauma Grp	<input type="checkbox"/> Complex Grief Grp
<input type="checkbox"/> Process Addiction	<input type="checkbox"/> Rethinking Your Drinking Group	<input type="checkbox"/> Single Parents Grp
		<input type="checkbox"/> 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: \_\_\_\_\_





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<b>Name:</b>	<b>DOB:</b>	<b>MRN:</b>	<b>Ins. #:</b>
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Client's Name: \_\_\_\_\_ Client's Signature: \_\_\_\_\_

Clinician's Signature: Stéphanie Gimenez, NCC, LCMHC, LCAS-A Date: \_\_\_\_\_

