



# 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

[Stephanie.G@SafeHavenCounselingPLLC.com](mailto:Stephanie.G@SafeHavenCounselingPLLC.com) | [www.SafeHavenCounselingPLLC.com](http://www.SafeHavenCounselingPLLC.com)

## Comprehensive Clinical Assessment (CCA)

|              |             |             |                |
|--------------|-------------|-------------|----------------|
| <b>Name:</b> | <b>DOB:</b> | <b>MRN:</b> | <b>Ins. #:</b> |
|--------------|-------------|-------------|----------------|

### Demographic & Insurance Information

|              |             |              |
|--------------|-------------|--------------|
| <b>Name:</b> | <b>MRN:</b> | <b>Date:</b> |
|--------------|-------------|--------------|

|             |             |               |
|-------------|-------------|---------------|
| <b>DOB:</b> | <b>Age:</b> | <b>Phone:</b> |
|-------------|-------------|---------------|

|                 |               |
|-----------------|---------------|
| <b>Address:</b> | <b>Email:</b> |
|-----------------|---------------|

**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) \_\_\_\_\_

### 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;  occupational / academic;  emotional;  financial;  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 self-concept 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  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  
 /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 ( Seeking /  Not Seeking)  
 Homemaker  Disabled ( Perm/  Temp)  Retired  Furloughed  Student ( FT/ PT)





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**Income:** \$ \_\_\_\_\_  Hour  Week  Month  Year | **Job Title:** \_\_\_\_\_  
**Satisfaction Level:**  Very  Somewhat  Not At All | **Education Level:** \_\_\_\_\_  
**Career Goals/Dream Job:** \_\_\_\_\_

### Medical Status

|   |  |
|---|--|
| <b>Primary Care Provider</b> (Practice & Provider Name; Address, Ph.#): | <b>Past &amp; Current Diagnoses (Dx)</b> ( <u>P</u> ast / <u>C</u> urrent):                                    |
|   | P <input type="checkbox"/> C <input type="checkbox"/><br>P <input type="checkbox"/> C <input type="checkbox"/> |
| <b>Allergies:</b>   |  |
| <b>Last PCP Visit:</b>  |  |
| <b>Last Dental Visit:</b>   |  |

**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 :

| 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  Leisure / Free Time  Other:

**Exposure to Violence/Trafficking/Criminal Activities:**  Home  School / Work  Neighborhood / 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  None  
 People  Place  Time  Situation

**Appearance:**  Neat  Unremarkable  
 Sloppy  Disheveled  Other:

**Eye Contact:**  Excessive  Good  
 Avoidant  None | **Judgement:**  Good  
 Fair  Poor | **Hygiene:**  Good  Fair  
 Poor  Other:





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|  |   |
|--|---|
| <b>Attitude / Affect / Mood:</b> <input type="checkbox"/> Attentive <input type="checkbox"/> Engaged <input type="checkbox"/> Motivated <input type="checkbox"/> Eager <input type="checkbox"/> Enthusiastic<br><input type="checkbox"/> Positive <input type="checkbox"/> Bright <input type="checkbox"/> Elevated <input type="checkbox"/> Euphoric <input type="checkbox"/> Cooperative <input type="checkbox"/> Humorous <input type="checkbox"/> Other:   |   |
| <input type="checkbox"/> Pessimistic <input type="checkbox"/> Depressed <input type="checkbox"/> Defeatist <input type="checkbox"/> Fatalist <input type="checkbox"/> Remorseful <input type="checkbox"/> Disempowered / Hopeless <input type="checkbox"/> Over-compromising <input type="checkbox"/> Severely Distressed <input type="checkbox"/> Persecuted / Helpless <input type="checkbox"/> Other:   |   |
| <input type="checkbox"/> Unremarkable <input type="checkbox"/> Flat <input type="checkbox"/> Indifferent / Non-Chalant <input type="checkbox"/> Distractible / Preoccupied / Absent-minded <input type="checkbox"/> Careless <input type="checkbox"/> Confused <input type="checkbox"/> Passive <input type="checkbox"/> Evasive <input type="checkbox"/> Reluctant / Apprehensive / Excessively Shy <input type="checkbox"/> Guarded <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful <input type="checkbox"/> Other:  |   |
| <input type="checkbox"/> Attention-Seeking <input type="checkbox"/> Codependent <input type="checkbox"/> Compulsive <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flirtatious  |   |
| <input type="checkbox"/> Manipulative <input type="checkbox"/> Deceitful <input type="checkbox"/> Controlling <input type="checkbox"/> Uncompromising / Rigid <input type="checkbox"/> Irritable<br><input type="checkbox"/> Argumentative <input type="checkbox"/> Angry <input type="checkbox"/> Intimidating <input type="checkbox"/> Antagonistic <input type="checkbox"/> Resistant <input type="checkbox"/> Aggressive<br><input type="checkbox"/> Oppressive / Abusive <input type="checkbox"/> Explosive <input type="checkbox"/> Unremorseful <input type="checkbox"/> Apathetic <input type="checkbox"/> Cruel / Sadistic  |   |
| <b>Motor:</b> <input type="checkbox"/> Unremarkable <input type="checkbox"/> Calm <input type="checkbox"/> Sluggish<br><input type="checkbox"/> Lethargic <input type="checkbox"/> Tense <input type="checkbox"/> Agitated <input type="checkbox"/> Fidgety<br><input type="checkbox"/> Hyperactive <input type="checkbox"/> Pacing <input type="checkbox"/> Tics <input type="checkbox"/> Tremors<br><input type="checkbox"/> Constricted <input type="checkbox"/> Awkward <input type="checkbox"/> Other:  | <b>Memory:</b> <input type="checkbox"/> Long-Term <input type="checkbox"/> Short-Term<br><input type="checkbox"/> Lapsed / Blocked <input type="checkbox"/> Repressed <input type="checkbox"/> Selective<br><input type="checkbox"/> Vague <input type="checkbox"/> Disorganized <input type="checkbox"/> Confused<br><input type="checkbox"/> Other: |
| <b>Tone of Speech:</b> <input type="checkbox"/> Unremarkable <input type="checkbox"/> Inaudible <input type="checkbox"/> Soft <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Obnoxious<br><input type="checkbox"/> Stringent <input type="checkbox"/> Mute <input type="checkbox"/> Melodious <input type="checkbox"/> Incongruent <input type="checkbox"/> Other:   |   |
| <b>Enunciation:</b> <input type="checkbox"/> Unremarkable <input type="checkbox"/> Clear <input type="checkbox"/> Eloquent <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttered<br><input type="checkbox"/> Rhyming/Rapping <input type="checkbox"/> Other:  |   |
| <b>Pace of Speech:</b> <input type="checkbox"/> Delayed <input type="checkbox"/> Normal <input type="checkbox"/> Rapid <input type="checkbox"/> Monotone <input type="checkbox"/> Spontaneous <input type="checkbox"/> Pressured<br><input type="checkbox"/> Rhythmic <input type="checkbox"/> Other:  |   |
| <b>Intellect:</b> <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Delayed <input type="checkbox"/> Disabled  |   |
| <b>Thought Pattern:</b> <input type="checkbox"/> Unremarkable <input type="checkbox"/> Logical <input type="checkbox"/> Goal-Oriented <input type="checkbox"/> Aimless<br><input type="checkbox"/> Irrelevant <input type="checkbox"/> Disorganized <input type="checkbox"/> Confused/Confusing <input type="checkbox"/> Loosely Associated <input type="checkbox"/> Incoherent / incomprehensible <input type="checkbox"/> Word Salad <input type="checkbox"/> Avoidant / Indirect <input type="checkbox"/> Long-winded / Tangential  |   |
| <b>Thought Content:</b> <input type="checkbox"/> Insightful <input type="checkbox"/> Relevant <input type="checkbox"/> Concrete <input type="checkbox"/> Relational <input type="checkbox"/> Abstract <input type="checkbox"/><br><input type="checkbox"/> Logical <input type="checkbox"/> Reasonable <input type="checkbox"/> Past-Oriented <input type="checkbox"/> Present-Oriented <input type="checkbox"/> Future-Oriented <input type="checkbox"/><br><input type="checkbox"/> Optimistic <input type="checkbox"/> Realistic <input type="checkbox"/> Pessimistic <input type="checkbox"/> Obsessive <input type="checkbox"/> Fatalist <input type="checkbox"/> Unrealistic <input type="checkbox"/> Irrational<br><input type="checkbox"/> Tangential <input type="checkbox"/> Delusional <input type="checkbox"/> Paranoid <input type="checkbox"/> Fearful <input type="checkbox"/> Incongruent <input type="checkbox"/> Deceitful/Manipulative<br><input type="checkbox"/> Morbid <input type="checkbox"/> Intimidating <input type="checkbox"/> Threatening <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Other: |   |

### Mental Health Hx

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

|                         |   |   |
|-------------------------|---|---|
| <b>Neuro-Cognitive:</b> | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Easily Distractible | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Restless / Wound Up |
|-------------------------|---|---|





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|   |   |  |
|---|---|--|
| <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Inattentiveness | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Careless mistakes | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Hyperactive  |
| <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Disorganized    | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Procrastination   | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Easily Bored |
| <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Forgetfulness   | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Fidgety / Squirmy | <b>P</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> 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 / Enjoyment  
**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/Pressure  Dizziness  
 Hyperventilating  \_\_\_\_\_  
**P**  **C**  Irritability  
**P**  **C**  Fears/Phobias:

**Notes:**

**Posttraumatic Sx:**

**P**  **C**  Nightmares  
**P**  **C**  Re-Experiencing  
**P**  **C**  Flashbacks

**P**  **C**  Hypervigilance  
**P**  **C**  Irritable / Moody  
**P**  **C**  Trust issues  
**P**  **C**  Poor Self-Concept

**P**  **C**  Avoidant Bx  
**P**  **C**  Social Stress  
**P**  **C**  Emotional Issues  
**P**  **C**  Memory Issues

**Notes:**

**Anger:**

**P**  **C**  Hypersensitive  
**P**  **C**  Emotionally Reactive  
**P**  **C**  Interrupting Bx  
**P**  **C**  Disruptive Bx  
**P**  **C**  Argumentative  
**P**  **C**  Judgmental  
**P**  **C**  Unyielding/Rigid

**P**  **C**  Anger Outbursts  
**P**  **C**  Frequent Yelling  
**P**  **C**  Road Rage  
**P**  **C**  Indifferent/Detached  
**P**  **C**  Apathetic/Hateful  
**P**  **C**  Defiant Bx  
**P**  **C**  Intimidating Bx  
**P**  **C**  Controlling Bx

**P**  **C**  Prosecutory Bx  
**P**  **C**  Cruel / Sadist Bx  
**P**  **C**  Uncompassionate  
**P**  **C**  Selfish/-Centered  
**P**  **C**  Violent / Abusive  
 Verbally  Emotionally  
 Psychologically  Physically  
 Financially  Sexually





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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> |
|--------------|-------------|-------------|----------------|

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

**Manic Sx** (Episodic 1+ week):

- P  C  Elevated Mood
- P  C  Euphoria
- P  C  Grandiosity
- P  C  Racing Thoughts
- P  C  Forgetfulness
- P  C  Distractibility
- P  C  Irritability

- P  C  Decreased Need for Sleep
- P  C  Social/Relationship Issues
- P  C  Hyperactivity:  Goal-Oriented  Purposeless
- P  C  Agitation
- P  C  High-Risk / Extreme / Excessive Bx:
  - Hypersexual  Hyperverbal  Excessive spending
- P  C  Unrealistic / Unsustainable  Thoughts  Moods
- Ambitions  Projects  Decisions  Bx  Other: \_\_\_\_\_

**Notes:**

**Disordered Personality Sx:**

- P  C  Loneliness
- P  C  Emptiness
- P  C  Inferiority Complex
- P  C  Self-Harming Bx
- P  C  High-Risk Bx
- P  C  Impulsive Bx

- P  C  Hypersensitivity
- P  C  Extreme Emotions
- P  C  Out-Of-Control
- P  C  Obsessive Bx
- P  C  Abandonment
- P  C  Co-Dependent
- P  C  Needy/Overbearing

- P  C  Pushy/Controlling
- P  C  Manipulative
- P  C  Compulsive Bx (i.e. Lying; Stealing; Eating...)
- P  C  Hero/Savior Cplx
- P  C  Superiority Cplx
- 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:**

**CALOCUS Score:** \_\_\_\_\_ (OFFICE USE)      1-Low      2-Some      3-Significant      4-Serious      5-Extreme

- Dimension I** (Risk of Harm):
- Dimension II** (Functional Status):
- Dimension III** (Co-Morbidity):
- Dimension IV-A** (Environmental Stress):
- Dimension IV-B** (Environmental Support):
- Dimension V** (Resilience & Treatment Hx):
- Dimension VI** (Acceptance & Engagement):







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**Recommended Level of Care:**  1-Low  2-Some  3-Significant  4-Serious  5-Extreme  
**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: \_\_\_\_\_

**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:            | 1 <sup>st</sup> 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...): \_\_\_\_\_





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|   |               |  |          |          |          |
|---|---------------|--|----------|----------|----------|
| <b>Sobriety Tools / Coping Strategies</b><br><input type="checkbox"/> Mutual Support Group:<br><input type="checkbox"/> Accountability Buddy / Sponsor:<br><input type="checkbox"/> Friend(s) / Family Allies:<br><input type="checkbox"/> Positive Self-Talk:<br><input type="checkbox"/> School / Work:<br><input type="checkbox"/> (Neglected) Child-/ Self-Care (Exercise; Diet)<br><input type="checkbox"/> (Forgotten) Hobbies (Reading; Art; Music; Cooking; Crafts; Events...):<br><input type="checkbox"/> Other:                        |               | <b>Un-/Helpful Scale</b><br>0      5      10<br>0      5      10<br>0      5      10<br>0      5      10<br>0      5      10<br>0      5      10<br>0      5      10 |          |          |          |
| <b>ASAM Criteria &amp; Score:</b> _____ (OFFICE USE ONLY)   |               | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b> |
| <b>Dimension 1</b> (Acute Intoxication & Withdrawal Potential):<br><b>Dimension 2</b> (Bio-Medical Conditions & Complications):<br><b>Dimension 3</b> (Cognitive, Behavioral & Emotional Complications):<br><b>Dimension 4</b> (Readiness to Change):<br><b>Dimension 5</b> (Relapse, Continued Use & Relapse Potential):<br><b>Dimension 6</b> (Recovery Environment):   |               |  |          |          |          |
| <b>Placement:</b> <input type="checkbox"/> 1-OPT <input type="checkbox"/> 2-Intensive OPT <input type="checkbox"/> 3-Partial IPT <input type="checkbox"/> 4-IPT<br><b>Rationale:</b>  |               |  |          |          |          |
| <b>Functioning &amp; Distress Levels</b>  |               |  |          |          |          |
| <b>Life Domains Affected by MH Sx / Addiction(s):</b> <input type="checkbox"/> None <input type="checkbox"/> Social / Emotional (i.e. Support Systems)   <input type="checkbox"/> Occupational (i.e. Career; Education...) <input type="checkbox"/> Basic needs (Own &/or Dependents): <input type="checkbox"/> Food   <input type="checkbox"/> Housing   <input type="checkbox"/> Utilities   <input type="checkbox"/> Healthcare   <input type="checkbox"/> Financial <input type="checkbox"/> Transportation   <input type="checkbox"/> Other: |               |  |          |          |          |
| <b>Distress Level</b><br> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <br>0      1      2      3      4      5      6      7      8      9      10<br><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"/>  |               |  |          |          |          |
| <b>DSM-V</b>  | <b>ICD-10</b> | <b>Diagnoses &amp; Specifiers</b> (FOR OFFICE USE ONLY)  |          |          |          |
|   |               |  |          |          |          |
|   |               |  |          |          |          |
| <b>Rationale &amp; Case Conceptualization:</b>  |               |  |          |          |          |





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|--------------|-------------|-------------|----------------|

|   |   |   |   |
|---|---|---|---|
| <b>Level of Care:</b> OPT   | <b>Tx Frequency:</b>                                    | <b>Tx Length:</b>                               |   |
| <b>Prognosis:</b> <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent  |   |   |   |
| <b>Services Requests &amp; Recommendations</b>  |   |   |   |
| <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"/> Vol. IPT / IVC     |
| <input type="checkbox"/> DV CM / Advocacy   | <input type="checkbox"/> Individual OPT                 | <input type="checkbox"/> Couple/Family OPT      | <input type="checkbox"/> Parenting Coaching |
| <input type="checkbox"/> DV Anonymous   | <input type="checkbox"/> DBT Trauma Grp                 | <input type="checkbox"/> Complex Grief Grp      | <input type="checkbox"/> Single Parents Grp |
| <input type="checkbox"/> Process Addiction  | <input type="checkbox"/> Rethinking Your Drinking Group | <input type="checkbox"/> CNS 4 Counselors       |   |
| <b>REFERRALS</b>  |   |   |   |
| <input type="checkbox"/> Legal Services <input type="checkbox"/> Dept. Social Services <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Primary Care Physician<br><input type="checkbox"/> OBGYN <input type="checkbox"/> Dentistry <input type="checkbox"/> Psychiatry <input type="checkbox"/> Sleep Study <input type="checkbox"/> Optometrist <input type="checkbox"/> Personal Trainer<br><input type="checkbox"/> Financial Advisor <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Neurological Testing (i.e. ADHD; DD; Autism...)<br><input type="checkbox"/> Adjunct Services: _____ |   |   |   |

Client's Name: \_\_\_\_\_ Client's Signature: \_\_\_\_\_

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

