

Jennifer M. Crane, MA, MFT# 47774

3880 South Bascom Avenue, Suite 208, San Jose, CA 95124, phone 408-219-5213 fax 408-369-0700

www.jennifercranemft.com

CLINICAL ASSESSMENT FORM

Client name(s) _____ Birthdate(s) _____

Address _____

Home phone _____ Work _____ Cell _____

Emergency Contact Name _____ Number _____

PRESENTING ISSUES:

IDENTIFYING INFORMATION (age, gender, relationship status, living arrangement, level of education, and vocation)

CLIENT STRENGTHS (what are you good at in this life, what has helped your survive and cope with difficulties in the past?)

CULTURAL AFFINITY (ethnicity, immigration experience, acculturation level, primary language, religion, spiritual practices, sexual orientation, gender, etc.)

PREVIOUS PSYCHOTHERAPY (include dates, provider names, phone numbers, reason, results, what helped or not)

PSYCHIATRIC HISTORY (include hospitalizations, reasons, psychiatrist names, phone numbers, past and current psychotropic medications, diagnosis)

MEDICAL HISTORY (Include physicians names, phone numbers, any chronic or ongoing significant medical issues past or present, current prescriptions, substance use history)

FAMILY OF ORIGIN HISTORY (Include patterns, rules, abuse history: physical, sexual, emotional, substance, etc.)

CURRENT FAMILY HISTORY (Include divorces, marriages, relationship patterns, children, ages, abuse history: physical, sexual, emotional, substance use/abuse, etc.)

Current diet habits and exercise patterns: