Intake assessment

Initial psychiatric / psychological evaluation

PATIENT

DATE OF SESSION

PROVIDER

MODALITY (E.G., CBT)

DIAGNOSIS (ICD-10)

CPT CODE

Presenting problem

Patient's chief complaint in their own words; symptom onset, course, severity, impact on functioning.

History

Psychiatric history (past treatment, medications, hospitalizations), medical, family, social, developmental, substance use, trauma.

Mental status exam

Appearance, behavior, mood, affect, speech, thought process/content, perception, cognition, insight, judgment.

Risk assessment

SI/HI, prior attempts, current ideation, plan, intent, means; protective factors.

Diagnostic impression

Working diagnosis with DSM-5-TR/ICD-10-CM code, supporting features, differential.

Treatment plan

Frequency, modality, initial goals, measurable objectives, coordination of care.

PROVIDER SIGNATURE

DATE SIGNED