

Mental Health Assessment Documentation

Date: [Date]

Client Name: [Client Name]

Client ID: [Client ID]

Practitioner Name: [Practitioner Name]

Practice Address: [Practice Address]

Contact Number: [Contact Number]

Assessment Overview

This document summarizes the findings from the mental health assessment conducted on [Date of Assessment].

Presenting Concerns

[Describe the client's presenting concerns and symptoms.]

Assessment Methods

- [Method 1]
- [Method 2]
- [Method 3]

Clinical Observations

[Summarize the clinical observations made during the assessment.]

Results

[Detail the results of the assessment including any diagnoses or recommendations.]

Recommendations

[List any recommendations for treatment or further assessment.]

Follow-up Plan

[Outline the follow-up plan including dates and methods of follow-up.]

Signature

[Practitioner Name]

[Title]

[Signature]

[Date]