

Intake Sample

Initial assessment example

This example of an initial intake assessment is intended for educational purposes only and includes information based on a pseudo-client. To highlight documentation styles and content, this example contains a mix of narrative and bulleted information for each category within a template.

Background information about client:

Morgan shared they are seeking therapy because of difficulties after a car accident in November (8 weeks ago).

Initial assessment (intake):

Date of Intake: January 17, 2022

Start Time: 2:00 PM

End Time: 3:00 PM

CPT Code: 90791

Telehealth (Y/N): Y

First Name: Morgan

Last Name: Jones

Gender: Non-binary

Marital Status: Single

Race/Ethnicity: Identifies as white, caucasian

Chief complain/presenting problem:

Morgan Jones (they/them) is 42 years old and reporting concerns secondary to a car accident that occurred about 8 weeks ago. Morgan was driving their car and hit by another driver, with both drivers requiring medical attention. Morgan presents with numerous trauma-related symptoms. They worry everyday will “regress back to a really bad spot like I was in 13 years ago. That’s why I know to come back to therapy.” Morgan has a history of experiencing other traumatic events with a prior diagnosis of post traumatic stress disorder.

Current symptoms:

Morgan’s anxiety and trauma-related symptoms impact their daily functioning. Morgan is experiencing sleep difficulties, flashbacks, hypervigilance, avoidance of driving a car, feeling disconnected from their friends and children, being angry about the accident (beyond expected response).

Current symptoms, continued:

The main areas of concern for immediate intervention are as follows.

Sleep difficulties:

- Takes over two hours to fall asleep
- Wakes up several times during the night
- Wants to nap during the day

Flashbacks:

- Interrupt daily activities, including work
- Triggered by heavy traffic during commute

Hypervigilance:

- Feel jumpy all the time
- Startles in response to small noises, like a barking dog or coworkers talking too loud
- Recognizes their relaxation and startle response is overly active

Mental health status:

Morgan joined the video session on time. They were well-groomed, and appeared younger than stated age. When asked about mood, Morgan endorsed feeling “more worried than sad.” Morgan’s affect was observed to be congruent with reported mood and current reported symptoms. Morgan was alert and oriented to person, place, and time. Eye contact and rate of speech was appropriate. Morgan demonstrates excellent insight into their current state of distress.

Developmental and relationship history:

Morgan relayed their early development was unremarkable, with no significant illnesses or learning problems during childhood. Morgan has been in several long-term monogamous relationships as an adult, but “legal marriage isn’t really who I am.” Their two children were with the previous partner of 8 years. That relationship ended approximately 6 months ago and was an amicable split. Currently Morgan is single and not dating.

Mental health history:

This is the second episode of care for Morgan. They received therapy 13 years ago following extensive domestic violence by a partner. Morgan reports prior diagnoses of post traumatic stress disorder, cannabis use disorder, and anxiety. “I was really over the top with my pot use. I’m proud that’s not a problem now. I stay away from it and use other ways to cope with stress.” Morgan denied a history of inpatient psychiatric care and no history of taking psychotropic medications. Family history for mental illness is limited to a sibling diagnosed with mild depression. No family history of substance abuse.

Mental health history, continued:

About 15 years ago, Morgan was in a romantic relationship with a partner who was verbally and physically abusive toward them. The domestic violence was ongoing for two years. After Morgan was injured with a broken jaw, they left the relationship. There is a permanent legal restraining order in place. Morgan entered therapy after the relationship ended, and was in therapy care for a year.

Education history:

Morgan completed a master's degree in communications. They are employed as a communication specialist for a national telecommunications company for the past 15 years.

Living environment:

Morgan is single, with two children, and lives in their own home.

Social support:

Morgan has a robust social network. They are well-connected to a church, immediate and extended family members, and several social groups. Morgan reports they worked on increasing social support in their prior therapy.

Legal issues:

Morgan reported no legal concerns - currently or historically.

Substance use:

Morgan drinks 1-2 cocktails a week. They denied use of illicit substances. About 12 years ago Morgan had a "significant issue with using pot to self-medicate." Their concerns were addressed in prior therapy treatment, and Morgan now abstains from marijuana.

Risk assessment:

Morgan denied current suicidal or homicidal ideation, as well as any past or current self-harm behaviors. Past suicidal ideation was passive and “when I was in that relationship, being hurt all the time. I didn’t really want to die.” No current concerns for domestic violence or living in an unsafe home environment.

Strengths:

Morgan has a strong history of using positive coping skills and being actively engaged in therapy sessions. They have a stable home and work life, along with strong social support from a variety of people. Morgan’s insight into current symptoms of distress is excellent.

Barriers:

No identified barriers to treatment are seen by therapist nor reported by Morgan.

Additional information:

Baseline measurement on CQ’s:

- PHQ-9 suggest no symptoms of depression
- GAD-7 results indicate moderate symptoms of anxiety.

Baseline measurements are congruent with symptoms reported by Morgan and recommendations for weekly therapy.

Diagnosis:

- Primary Diagnosis: F43.10 Post Traumatic Stress Disorder

Plan:

Morgan participates in weekly individual therapy services by video telehealth session. Initial interventions will target sleep hygiene and symptoms of anxiety and hypervigilance.

Next session:

January 19, 2022

Telehealth:

yes