**Directions:** Student completes electronically on computer. Submit completed form to faculty & doctoral student supervisors. Place your name/ “client initials”/ practicum or internship”/ semester & year in email subject line.

**Client Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identifying Information:**

**Benefits (Food Stamps/SSI/Medicaid/VA):**

**History of Presenting Problems:**

**Mental Status:**

General appearance:

Orientation:

Psychomotor behavior:

Mood/Affect:

Speech:

Cognition:

Thought content/process:

**Developmental History** (systemic & environmental factors that affect development, functioning, and behavior)

**Medical & Medications:**

**Psychoactive Substance Use and Abuse:**

**Psychological:**

**Marital and Family History:**

**Social, Relationships, and Cultural:**

**Education:**

**Vocational:**

**Recreational/Leisure Activities:**

**Legal:**

**Spirituality:**

**Problem Areas:**

**Strengths/Assets:**

**Case Conceptualization & Diagnosis**

* **Diagnostic Formulation**
	+ Description of screening/assessment tool(s) used to inform diagnostic formulation
* **Clinical Formulation**
	+ Theoretical lens depicting how client’s problems developed & how problems are perpetuated
* **Treatment Formulation**
	+ Description of screening/assessment tool(s) used to inform treatment formulation/planning

**Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**