

Therapeutic Alternatives, Inc.

Sample Provider MA, LMFT

INITIAL ASSESSMENT

Name: Sample Client

Date: 07/27/05

Presenting Problem: Sample is exhibiting depressive symptoms.

Suicidal Ideation/ Attempts: Client denies suicidal ideation.

Observations/Impressions:

Sample is a 13 year old female who currently resides with her parents. She has been exhibiting depressive symptoms for several months. Her mother has noted a definite increase in symptoms within the past two months.

Sample cannot identify a specific cause for her depressive feelings. She is suffering from insomnia, decreased appetite, and general lethargy. She is experiencing anxiety as a result, which further increase her depression.

Sample will benefit from talk therapy. A medical consultation with her doctor is also scheduled to assess the possibility of anti-depressants.

Diagnoses:

Date of First Symptom: 07/01/04

Primary: 311.00 Depressive Disorder NOS

Secondary:

Goals:

- #1 Develop ability to cope with depressive symptoms and reduce their impact on daily living.
- #2 Increase self esteem.
- #3 Decrease anxiety and increase ability to function on a daily basis.

Modalities:

Talk Therapy Cognitive Therapy Play Therapy Art Therapy Other:

Signature of Client or Parent/Legal Guardian

Date

Counselor/Therapist Signature

Date