

Assessment for Psychosocial Intervention

Name		NHS No.	
CPA Status (tick all that apply)			
<input type="checkbox"/> CPA	<input type="checkbox"/> non-CPA	<input type="checkbox"/> Sec 117	<input type="checkbox"/> Sec 25A
Brief Description of Presenting Problem(s) / Difficulties		About the Main Problem	
		Frequency: Intensity / Severity: Number / Repetition: Duration:	
Reason for Seeking Help Now			
Personal History & History of Problem(s) / Difficulties (to include: personal characteristics, childhood / life events, past history of mental health problems & previous interventions)			
Physical Health (to include: physical health status, known physical health conditions, physical disabilities, pain, somatic symptoms)		Sleep Pattern	
		Appetite & Weight / BMI	
Prescribed Medications & Concordance		Alcohol / Drugs / Caffeine	
Individual Cultural / Spiritual Beliefs & Needs			

Life / Immediate Situations that present difficulties		
Thinking / Thoughts (characteristic patterns)	Main Feelings / Sensations	Behaviour / Actions
Concentration, Memory & Orientation		
Insight & Present Level of Understanding of Problem(s) and Motivation for Change		
Safety & Risk Issues		
Level of Hopelessness		

Family Structure & Family History of Mental Health Problems		
Forming of Relationships & Access to Social Support Network		
Accommodation, Employment / Education, Recreational Activities & Financial Issues		
Coping Strategies (what helps?) & Identified Stressors / Triggers (what makes the problem worse?)		
What are the important things in your life? What would you like to change?		
Assessor's Summary of the Service-User's Problems & Needs (list specific problems & areas of need and any initial actions that have been undertaken – this will form the basis for planning intervention)		
Remember to sign and date this assessment, including any additions that are made to this assessment.		
Signature of Service-User	Date	
Signature of Assessor	Designation	Date completed
Record date of distribution to the following:		
Case-notes / File	Service-User	
Care Coordinator	Other	

INITIAL FORMULATION (using the 5 Areas Framework)

