

# Clinical Assessment Report

**Patient Name**

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**Date of Birth**

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**Assessment Date**

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**Clinician Name**

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## REASON FOR ASSESSMENT

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## PRESENTING PROBLEM

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## MEDICAL HISTORY

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## MENTAL STATUS EXAMINATION

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## ASSESSMENT FINDINGS

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## DIAGNOSIS (IF APPLICABLE)

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## RECOMMENDATIONS / PLAN

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**Clinician Signature**

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**Date**

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