MFTO 645 Assessment Report

**Assessment Date:**

**Client Name(s):**

**Clinician Name:**

**Directions:** Fill out the categories listed below. The information listed under each category is provided as a guide. Add more information, as needed.

# Identifying Data

*(Include demographic information such as age, race or ethnicity, cultural information, etc. Identify any cultural considerations. Include information on each family member (if applicable.) Include information about the development of their relationship/current functioning (if applicable).)*

# Purpose of Assessment

*(What is the presenting problem? What brings the client to treatment?)*

# Current Functioning

*(Describe eating, sleeping, and arguing habits. How are these habits disturbing the client’s life? What are they doing well? What are they not doing well?)*

# Ethical Issues

*(Are there any ethical issues you need to address as a clinician?)*

# Assessments Administered

*(List and provide descriptions of and rationale for each of the assessments.)*

# Results

*(List and explain the results for each assessment.)*

# *DSM-5* Diagnosis

*(If applicable)*

# Clinical Implications

*(What did you learn about the client?)*

# Recommendations

(Based on the results of the assessments and your clinical interview, what are your recommendations as a therapist?)

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Clinician’s Signature