

# Assessment Report for Personality Assessment

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Date:  
To:  
From:  
Re:

## History and Description of Primary Complaint and Current Related Symptoms

Who Referred

For

Etiology

Symptom Duration

Activity Scale

## Assessment Instruments (examples)

Clinical Interview	Minn. Multiphasic Pers. Inventory (MMPI-2)
Beck Depression Inventory (BDI)	Zung Depression Inventory (ZDI)
Brief Battery for Health Improvement-2 (BBHI2)	Multidimensional Pain Inventory (MPI)
Battery for Health Improvement-2 (BHI2)	Beery VMI
Mini-Mental Status Exam (MMSE)	Repeatable Battery for Neuropsychological Functioning (RBANS)
Seven Minute Screen for Dementia	Substance Abuse Subtle Screen. Inv. (SASSI-3)
Millon Clin. Multiaxial Inven. (MCMII-III)	Validity Indicator Profile (VPI)
Dementia Rating Scale-2 (DSR2)	Halstead-Raitan Neuropsychological Battery (HRB)
Luria-Nebraska (LNB)	Millon Behavioral Medicine Diagnostic (MBMD)
Multidimensional Health Locus Of Control	Wechsler Adult Intelligence Scale
	Wechsler Intelligence Scale for Children

## Presentation

Orientation?

Affect?

Appearance? Dress \_\_\_\_\_ Hygiene \_\_\_\_\_

Speech

Memory/cognitive deficit

Psychosis: \_\_\_\_\_ Thought disorder \_\_\_\_\_ Uncontrolled mood disorder.

**Previous Medical Treatment for Complaint**

Physicians

Procedures

Medications

**Life Disruption From Present Symptoms**

Work

Family

Avocational

Sleep

Appetitie

**Commonly Used Coping Mechanisms**

Physical pain and discomfort

Affective discomfort and suffering

**Any Possible Secondary Gain Issues?**

Litigation

Workman's Compensation

Disability

**Addiction Potential**

Does this patient drink – How much/frequently? Any legal (DUI) or social (fights with family) about drinking? Does the client use illicit drugs? How much/frequently? What prescription meds? Ever felt “out of control” on the meds? Ever run out of controlled meds early? Has a doctor ever decided not to refill meds

**General Medical History**

*Conditions* –

*Medication* –

*Allergies* -

**Family Medical and Pain History**

**Current Living Environment**

Who does the client live with? What is the circumstance of the home environment.

**Life History**

Childhood

Reared where?

Parents

Siblings

Discipline

Abuse

Education

Adult

Leaving Home

Marriage(s)

Domestic Abuse

Parental Discipline

Friends

**Work History** –

Where and for how long? What does the client do at this job?

**Avocational Activities** –

Hobbies?

**Previous Psychological Testing and Treatment** --

**Expectation for Treatment Outcome**

**Diagnosis** -

**Summary and Recommendation**

Summary of evaluative instruments

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Recommendation --