



# Psychiatric Assessment Report

Protected when completed.

Family name:	Given name(s):
Date of birth: (yyyy-mm-dd):	VAC No./Service No.:
Client identification including: - Legal status: - Work status:	
Reason for referral:	
Presenting Problem: - Personal medical history:	
History of Presenting Problem: - Triggering factor(s):  - Family medical history:	
Personal psychiatric history:	
Family psychiatric history:	
Habits (alcohol and drug use, gambling, etc.):	
Detailed current medical problems and treatment:	
Detailed current and prior pharmacological treatment:	

Other perpetuating factor(s) influencing current illness (financial, job loss, relationships, family illness/death, medical illness, legal or pending trial, etc.) Please elaborate:

Mental Status examination:

Results of psychiatric scales utilized (BDI II, BAI, PTSD Checklist), if pertinent:

Multi-axial diagnosis based on current DSM:

Clinical opinion on the following:

Nature, duration and severity (mild, moderate, severe) of functional limitation(s):

Link, if present, between service and current clinical presentation:

Current treatment:

Treatment recommendations:

Additional investigations, ie. referrals to specialists, laboratory tests, psychometric testing:

Pharmacological interventions:

Psychosocial interventions: (e.g., individual psychotherapy, group psychotherapy, couple therapy, occupational therapy, social services)

Other interventions:

The information provided within the "Psychiatric Assessment Report" is collected under the Authority of the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* and the *Veterans Health Care Regulations* to facilitate the case management process.

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For further information on the above you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9. Please quote Personal Information Bank No. VAC PPU 055 and/or VAC PPU 550 and of the Government of Canada Info Source publication.

Name:		Signature:	
Address:			Phone Number:
Professional title:		Professional corporation:	
License No.:		Date (yyyy-mm-dd):	

NOTE: To detect substance abuse and/or addiction conditions, please screen at least every six months. Please refer to the Veterans Affairs Canada "Guidelines for Screening for Alcohol, Drugs and/or Gambling Problems" (VAC 738).