

Client Assessments Information Worksheet

Client: _____

Date Completed: _____

NAVIGATE Team Member(s) completing: _____

Date(s) of most recent session with client: _____

Instructions: Indicate assessment information for each of the following domains.

RECOVERY:

Client Goals: _____

Strengths & Resiliency: _____

Social / Leisure: _____

Work / School: _____

Self-care / Independent Living: _____

Well - Being: _____

Spirituality: _____

PSYCHOPATHOLOGY:

Symptoms: _____

Substance Abuse: _____

Cognitive Functioning: _____

Subjective Distress: _____

ILLNESS MANAGEMENT:

Medication Adherence: _____

Medication Side Effects: _____

Coping / Stress Management: _____

Relapse Prevention: _____

Knowledge of Illness: _____

HEALTH:

Weight: _____

Smoking: _____

Other: _____

FAMILY & OTHER SUPPORTS:

Family Relationships: _____

Relationships with Significant Others: _____

BASIC LIVING NEEDS:

Housing: _____

Finances: _____

Legal Problems: _____
