

**DR. JENESSA NYE  
701 E. SANTA CLARA ST., SUITE 43  
VENTURA, CA 93001**

**CLINICAL ASSESSMENT**

**Date:** \_\_\_\_\_

**Name:**

**Birthdate/Age:**

**Address:**

**Phone Number:**

**Occupation:**

**Current Stressor:**

**General Health (drug or alcohol use/frequency, sleep habits, exercise routine, eating habits, sexual activity, anxiety, hyperactivity, chronic pain, changes in appetite, energy, thinking, concentration, etc.)**

**History of suicidal ideation, homicidal ideation, hospitalizations, drug addiction, sexual addiction, eating disorders, arrests, legal problems, etc.**

**Family history: Parents, siblings, birth, family culture, how did family members relate, divorce/separation, sexual abuse/trauma, substance abuse, physical abuse, mental illness, etc.**

**Spiritual or religious beliefs:**

**History of meaningful long-term relationships (friends, therapists, lovers, spouses, children, parents, grandparents):**

**Current mood:**

**Overall daily mood:**

**Obstacles to Personal Growth:**

**Personal strengths:**

**Treatment goals as described by patient:**