**THERAPY CENTRE SERVICES**

**Initial Assessment Report**

**CLIENT DETAILS**

|  |  |
| --- | --- |
| **Client Name :** |  |
| **Date of Initial Session :** |  |
| **Referral reference :** | **TCS Office use only** |

**CONTRACTING**

Confirmation that Statement of Understanding was agreed with client [ ]

Confirmation that Reports are provided after initial and final sessions [ ]

Confirmed with client that we inform the referrer any appointments DNA’d [ ]

and the reason for the session not attended.

**Demographic Information (please complete the sections below highlighting the relevant options):**

**Age Group :** 16-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

**County (Geographical location) : …………………………………………………………………………………..**

**Type of Farming :**

Cereals General Cropping Horticulture Specialised Pigs Specialist Poultry

Dairy LFA (eg Uplands) Grazing Livestock (beef / sheep etc) Other

Mixed (Livestock & Arable)

**Farming Role :**

Farmer Farm Worker Farm Manager Contractor

Partner of Farmer Dependent of Farmer

**GENERAL MENTAL HEALTH ASSESSMENT**

**Please specify main presenting issue:**

|  |  |  |
| --- | --- | --- |
| **Level A** | **Level B** | **Level C** |
| Anxiety (generalised) | Abortion | Addictions |
| Bereavement | Anger | Adoption |
| Bullying | Cancer | Attachment disorder |
| Depression (low level / no risk) | Child abuse | Body dysmorphia |
| Divorce | Complex grief | Dementia |
| Family issues | Domestic abuse | Disassociation |
| Feeling sad / SAD | Miscarriage | Eating disorders |
| Loneliness | Health anxiety | OCD |
| Relationship issues | Physical abuse | PTSD |
| Redundancy | Postnatal depression | Paranoia |
| Self confidence / self esteem | Self harm / suicidal thoughts | Personality disorders |
| Stress | Sexuality (coming to terms with) | Phobias |
| Work related stress | Trauma | Sexuality (gender identity / sexual preference) |
|  |  | Schizophrenia |

**Can you confirm if you are experiencing, or have been formally assessed or diagnosed with any of the following;**

|  |  |  |
| --- | --- | --- |
| Anxiety | Hypomania / Mania | Personality Disorders |
| Bi-polar | Gender identity | Psychosis |
| Body Dysmorphia | Paranoia | Schizophrenia |
| Dependency (drug / alcohol) | PTSD | Other : (please specify) |

Can you confirm if any of the following issues are contributing factors to the way you are feeling currently?

* Compliance and inspection
* Environmental Factors/Adverse Weather Conditions
* Changes in Government Subsidies
* Business Viability
* Succession Planning
* Family Relationships/Dynamics

**WORK RELATED ASSESSMENT**

Have you had any time off sick from work over the last 6 months? Yes / No

If so, how many days?

Can you confirm if you are currently experiencing;

1. Work issues
2. Personal related issues
3. Financial issues
4. Health issues

On a scale of 1-5 (1 being not at all and 5 being all the time) can you confirm if these issues have prevented you from concentrating on your work?

1 2 3 4 5

Please can you confirm if you have had any counselling previously, and if so provide details.

Please confirm if there is any additional support you require from RABI, or what other support you feel you require to enable to you to remain at work, or return to work if you are currently signed off from work.

**RISK ASSESSMENT**

Please select if you have previously attempted suicide, or have self-harmed Yes / No

If yes, please provide details :

Please select if you are experiencing suicidal ideations or feelings of wanting to self-harm Yes / No

If yes, please provide details :

**Risk Level :** 0 1 2 3 4 5

(Please note Risk Level 3 and above will be notified to the provider)

**RECOMMENDATION GIVEN**

|  |
| --- |
| **First session review** (summarise initial session, how you worked with your client and how the remaining sessions will be used)**Therapy Focus** (what are the intended main focuses of the sessions together)1.2.3.**Any other information :** |

**GAD / PHQ (these are required at the initial and final sessions)**

|  |  |
| --- | --- |
| **GAD** |  |
| **PHQ** |  |

**Date referred to RABI :**

**Outcome (Number of sessions authorised) :**