

UCMH Case Presentation Form



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Client name:	
Town or residence:	
Age:	
Marital status:	
Occupation or trade:	
Employment status:	
Referral source:	
Presenting complaints:	
DIAGNOSIS	
History of present problem: <ul style="list-style-type: none">• Years drinking and/or drug use• Longest period of sobriety/abstinence• Recent drinking/drug patterns• Medical complications, history• Hospitalizations: number, length of time, dates• Arrests, charges, amount of time spent in jail• Suicidal or homicidal ideation, gestures• Job or situation changes• Previous treatment <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



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Presentation:

- Behavior and appearance
- Preliminary attitudes
- Entry into room
- Brief physical description, cleanliness, clothing
- Physical characteristics
- Attire, build
- Quality of rapport
- Quality of talk
- Posture
- Facial expressions
- Cooperativeness, suspiciousness, hyperactivity
- Energy levels
- Affect (anxiety, hostility)
- Mannerisms
- General body movements
- Amplitude and quality of speech

Affect:

- Appropriateness, flat, absence of affect
- Depressed, anxious, happy, anger, bizarreness
- Mood differences or changes
- Blandness



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Intellectual functioning:

- Efficiency, mental deficiency, abstraction ability
- Reality testing
- Thought order and disorder
- Clarity, goal directedness, insight ability, blaming
- Appropriateness, coherence
- Attention, concentration, beaks, impaired level of consciousness
- Discrepancy, delusions
- Perceptions – illusions, hallucinations
- Memory – immediate recall, recent and remote memory
- Judgment about daily living and making reasonable life decisions

Interpersonal relationships (social and emotional functioning):

- Functioning – marriage/job
- Family history

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Recommendations:

- Reality factors, environmental
- Recommendations for treatment
- Prognosis made by specialist practitioner (if any)
