Trainee Affairs Department

Counselling and Guidance Section

Assessment Form

**Date:**

|  |  |  |
| --- | --- | --- |
| Married/single/widowed/ divorced | Age: | Trainee / Faculty Name: |
| Training Program / Specialty: | | |
| Year of Training – If available : | Year started at OMSB: | |
| Dependents: | Sponsorship – If available: | |
| Housing and who lives with: | | |
| Self-Referral/ Referred by | | |

**Presenting Complaint:**

**History of Presenting Complaint:**

**History of Trainee / Faculty:**

1. **Exams – If any :**

* **Attempted**
* **Passed**
* **Studying**

1. **Future plans/career goals:**

**History of University:**

**Work History:**

**Current Life Stressors:**

**Current Supports:**

**Current lifestyle interventions**

1. **Exercise?**
2. **Diet?**
3. **Other?**

**Current Health Issues (Physical & Mental Health)**

**Current Social Issues**

**Current Concerns Related to Training Program**

**Medical History**

1. **Past Medical / Psychiatric History**
2. **Family Medical / Psychiatric History**
3. **Current Medications**
4. **Substance Use**

eg Caffeine/alcohol/Nicotine/Illicit substances/prescription medication misuse

**Developmental History:**

1. **Childhood**
2. Birth
3. Friendships
4. Siblings
5. **Schooling**
6. Academic
7. Social
8. **Relationships**

**Systemic Inquiry:**

1. Mood
2. Suicidal/Homicidal Thoughts
3. Irritability
4. Concentration
5. Memory
6. Energy Level
7. Sleep pattern
8. Appetite
9. Weight
10. Behavioral Change
11. Social Withdrawal
12. Feelings about "Self"
13. Tearfulness
14. Feeling overwhelmed
15. Panic Attacks
16. Psychotic Symptoms

**Mental State Examination:**

**Assessment and Diagnosis: (Categories: Mental and other Medical Issues/ Academic Difficulties/ Social and Personal Issues/ Miscellaneous)**

**Management Plan: (Categories:** **Psychotherapy and Counseling/ Seek other Medical Help/ Administrative Action)**