



Therapist Opening Assessment

Please confirm you have reviewed the client's initial online assessment with them?

- Yes - they are happy with all information on the form
- No - they are unhappy
- Other - there are some amendments that need to be made

Please list any amendments

Client Name

RJ8 Client Code (Assigned to you at triage)

RJ8 Client Number

Therapist Name

Date and Time of seeing client

Does the client have the details of someone they would want us to contact if they are having a difficult day? If so, please list

Are there any communication methods the client doesn't want us to use to contact them about their treatment?

Type of treatment? (Counselling, group, CBT etc)

Mode of delivery

- Face to face Video Telephone
 Other (Please specify)

Person being treated?

- Adult Individual Couple Under 16
 16-18
 Other (Please specify)

Your role

- BACP Counsellor
- Accredited BACP Counsellor
- Trainee Therapist
- Other accredited counsellor
- Other (Please specify)

Client Attendance

- 5 - Attended on time or, if late, before the relevant professional was ready to see the patient
- 2 - Appointment cancelled by, or on behalf of the patient
- 6 - Arrived late, after the relevant professional was ready to see the patient, but was seen
- 7 - Patient arrived late and could not be seen
- 3 - Did not attend, no advance warning given
- 4 - Appointment cancelled or postponed by the health care provider

How has the client's mental health affected their work life recently?

- Not at all
- Severely impacted
- ① ② ③ ④ ⑤

How has the client's mental health affected their relationships recently?

- Not at all
- Severely impacted
- ① ② ③ ④ ⑤

How has the client's mental health affected their social life recently?

- Not at all
- Severely impacted
- ① ② ③ ④ ⑤

How has the client's mental health affected their home life recently?

Not at all

1

2

3

4

Severely
impacted

5

Is the client taking any medication?

Over the last 30 days how many days has the clients personal problems and / or mental health caused them to miss work?

What is the clients 'therapy goal'?

Employment Status

- 01 - Employed . 02 - Unemployed and actively seeking work
- 03 - Undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training as a student and not working or actively seeking work
- 04 - Long-term sick or disabled, those receiving government sickness and disability benefits
- 05 - Looking after the family or home as a homemaker and not working or actively seeking work
- 06 - Not receiving government sickness and disability benefits and not working or actively seeking work
- 07 - Unpaid voluntary work and not working or actively seeking work
- 08 - Retired ZZ - Not Stated (Person asked but declined to provide a response)
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PHQ 9 Q1 - Little interest or pleasure in doing things

- Not at all - 0
- Several Days - 1
- More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q2 - Feeling down, depressed, or hopeless

- Not at all - 0
- Several Days - 1
- More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q3 - Trouble falling or staying asleep, or sleeping too much

- Not at all - 0
- Several Days - 1
- More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q4 - Feeling tired or having little energy

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q5 - Poor appetite or overeating

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q6 - Feeling bad about yourself - or that you are a failure or have let yourself or your family down

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q7 - Trouble concentrating on things, such as reading the newspaper or watching television

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q8 - Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PH9 Q9 - Thoughts that you would be better off dead or of hurting yourself in some way

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

Over the last week I have made plans to end my life

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q1 - Feeling nervous, anxious or on edge

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q2 - Not being able to stop or control worrying

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q3 - Worrying too much about different things

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q4 - Trouble relaxing

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q5 - Being so restless that it is hard to sit still

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q6 - Becoming easily annoyed or irritable

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q7 - Feeling afraid as if something awful might happen

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3