|  |  |
| --- | --- |
| **Date of Assessment:** | **Client DOB:**  **Email COPY OF YOUR ID:**  **Phone number:** |
| **Referred BY:** | **Client Address:** |
| **Client Name:**  **HEIGHT AND WEIGHT:** | **Case #:**  **County of case:** |

***Anger/Violent Behavior Assessment***

|  |  |
| --- | --- |
| **Client Age:** | **Date of Incident:** |
| **Statement of Incident (What happened)** | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |
| --- |
| **STANDARDIZED TEST RESULTS: Anger Styles Questionnaire/COMPLETED BY STAFF** |

|  |  |  |
| --- | --- | --- |
| **MEDICAL HISTORY** | | |
| **Any major illnesses? LIST ILLNESS HERE** | **YES** | **NO** |
| **Any major surgeries in history?** | **YES** | **NO** |
| **Taking any prescribed/non-prescribed medications?** | **YES** | **NO** |

|  |  |  |
| --- | --- | --- |
| **FOR STAFF ONLY--Any significant signs of ailment?**  **INTERVIEWER ASSESSMENT** | **YES(EXPLAIN)** | **NO** |

|  |
| --- |
| **MENTAL HEALTH HISTORY:** |
| **Any family history of mental illness?**  **IF YES WHAT?** |
| **Any other family member or yourself need a referral for Alcohol/Drug addiction assistance?**  **LAST USE OF ANY DRUGS AND ALCOHOL OR ANY DRUGS ?** |
| **Any past psychiatric or mental health treatment or intervention in history?**  **IF YES DETAILS** |
| **Any sexual/ physical/ Mental abuse in history?**  **IF YES DETAILS HERE** |

|  |  |  |
| --- | --- | --- |
| **Do you have siblings?** | **No** | **Yes**  **How many?\_\_\_\_\_\_\_\_\_\_**  **Names:** |
| **Place of employment?**  **HOW LONG AT THE JOB?** | **Unemployed/Employed** |  |
| **WHO DO YOU LIVE WITH?**  **WHO RAISED YOU?**  **WHERE WERE YOU BORN?**  **HOW LONG IN GEORGIA?** |  | **Names:** |
| **Do you have children?** | **No** | **Yes**  **How many?**  **Names?** |
| **Do you receive any disability income through the state or private agency?** | **No** | **Yes**  **What benefits?** |

**EDUCATION HISTORY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_HOW MUCH EDUCATION HAVE YOU ACCOMPLISHED?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **LEGAL HISTORY** |
| **Client charges? LIST ALL ARRESTS HERE!** |
| **Any previous convictions or arrests?**  **ARREST HISTORY HERE:**  **When, what and where?** |

|  |
| --- |
| **CLINICAL OBSERVATION** |
| STAFF ONLY HERE |

|  |
| --- |
| **VICTIM CONTACT** |
| If applicable, does client still have contact with victim? |
| Last time made contact with victim? |

|  |
| --- |
| **RECOMMENDATIONS** |
|  |

**ANGER QUESTIONS**

1. I try never to become angry. Yes No

2. I get really nervous when others become angry. Yes No

3. I feel I am doing something bad when I become angry. Yes No

4. I often tell people I’ll do what they want but then frequently forget. Yes No

5. I frequently say things like “Yeah, but…” and “I’ll do it later.” Yes No

6. People tell me I must be angry but I’m not certain why they say that. Yes No

7. I frequently become jealous, even when there is no reason. Yes No

8. I don’t trust people very much. Yes No

9. Sometimes I feel as if people are out to get me. Yes No

10. My anger comes on really fast. Yes No

11. I act before I think when I become angry. Yes No

12. My anger goes away quickly. Yes No

13. I become very angry when people criticize me. Yes No

14. People say I’m easily hurt and oversensitive. Yes No

15. I become angry easily when I feel bad about myself. Yes No

16. I become angry in order to get what I want. Yes No

17. I try to frighten others with my anger. Yes No

18. I sometimes pretend to be very angry when I really am not. Yes No

19. Sometimes I become angry just for the excitement or action. Yes No

20. I like the strong feelings that come with my anger. Yes No

21. Sometimes when I’m bored I start arguments. Yes No

22. I seem to become angry all the time. Yes No

23. My anger feels like a bad habit I can’t break. Yes No

24. I get mad without thinking—it just happens. Yes No

25. I become very angry when I defend my beliefs and opinions. Yes No

26. I often feel outraged about what other people say and do. Yes No

27. I always know I’m right in an argument. Yes No

28. I hang onto my anger for a long time. Yes No

29. I have a hard time forgiving people. Yes No

30. I hate many people for what they’ve done to me. Yes No

|  |  |
| --- | --- |
| **RECOMMENDED CLASS SESSIONS** | |
| 6 SESSIONS  Start date: | 12 SESSIONS  Start date:  **24 SESSIONS**  **Start date:** |
| CHARGE FOR THE ANGER/VIOLENT BEHAVIOR ASSESSMENT | $175 BEFORE TAXES- 5 BUSINESS DAYS TURNAROUND  $225- RUSH ORDER WITH A 24-48 HOUR TURNAROUND.  PAYMENT IS DUE AT THE TIME OF INTERVIEW/ASSESSMENT.  NO REFUND POLICY IN PLACE |