

Family Mental Health Support Assessment

Family Information

Family Name

Date

Assessor Name

Contact Number

Family Members

Name

Age

Relationship

Name

Age

Relationship

Current Concerns

Describe the main mental health or wellbeing concerns in the family

Strengths & Supports

List family strengths and available supports

History

Relevant mental health history (family/individual)

Assessment Summary

Summary comments

Recommendations

Suggested support/services