CalAIM Assessment
Youth (17 and Younger)

MR#:
Name:

① = Required for Initial Assessment
② = Required for Initial Assessment – Pre to Three (PT3)
③ = Required for Initial Assessment – SBMH
④ = Required for Reassessment

LPHA Only = Only an LPHA may complete these sections/items

Client Information and Registration

Client Information	① ② ③ ④		
Client Legal Name		Medical Record #	
Client Preferred Name (if different from Legal Name)			
Birth Date		Age	
Agency/Program		Admission Date	
Current Insurance (Check all that apply)	☐ Medicare ☐ Medi-Cal ☐ Private Insurance: ____________________		

Assessment Information	① ② ③ ④		
Assessment Type	☐ Initial Assessment	☐ Initial Assessment – PT3 ☐ Initial Assessment – SBMH	☐ Reassessment ☐ Update Assessment
Assessment Date			
Source of Information	☐ School ☐ Referral Packet ☐ Probation ☐ Social Services	☐ PES ☐ Primary Care Physician ☐ Parent / Guardian / Caretaker	☐ Family / Relative ☐ Child ☐ Other ______________ ________________________

Referral Information			
Referral Source	☐ Self ☐ Family Member ☐ Significant Other ☐ Friend / Neighbor ☐ School ☐ Fee-For-Service Provider ☐ Medi-Cal Managed Care Plan ☐ Federally Qualified Health Center ☐ Emergency Room	☐ Mental Health Facility/ Community Agency ☐ Social Services Agency ☐ Substance Abuse Treatment Facility / Agency ☐ Faith-based Organization ☐ Other County / Community Agency ☐ Homeless Services ☐ Street Outreach	☐ Juvenile Hall / Camp / Ranch/Division of Juvenile Justice ☐ Probation/Parole ☐ Jail / Prison ☐ State Hospital ☐ Crisis Services ☐ Mobile Evaluation ☐ Other referred ___________ ____________________________
Referral Contact Name		Agency/Program	
Referrer Phone		Referrer Email	

Referral Reason	❶ ② ③		
Referral Reason	☐ Delay on ASQ (P-3) ☐ AOD Exposure (P-3) ☐ Regulatory / Sleep / Feeding Problems (P-3) ☐ Premature (P-3) ☐ R/O GGRC Referral (P-3)	☐ School Problems ☐ Relating / Communication Problems ☐ Developmental Problems ☐ Affect / Mood / Anxiety Problems ☐ Adjustment Reactions ☐ Out of Home Placement	☐ Hospitalization ☐ Child / Caretaker Relationship Probs. ☐ Trauma Exposure ☐ CPS ☐ Behavior Problems ☐ Other ___________________

Minor Consent Information	❶ ② ③ ❹
Is client consenting to services under minor consent?	☐ Yes ☐ No
If Yes to above, does minor have Minor Consent Medi-Cal?	☐ Yes ☐ No

Client Contact Information

Ensure that all Releases of Information are current for all individuals / entities with whom communication will or may occur.

Client Contact Information	❶ ② ③		
Phone Number (Primary)		☐ Cell ☐ Home ☐ Work	
Phone Number (Second)		☐ Cell ☐ Home ☐ Work	
Phone Number (Third)		☐ Cell ☐ Home ☐ Work	
Address		Apt/Suite	
City		Zipcode	

Parent / Guardian Contact information	❶ ② ③	
Parent / Guardian Full Name		
Phone Number (Primary)		☐ Cell ☐ Home ☐ Work
Phone Number (Second)		☐ Cell ☐ Home ☐ Work
Phone Number (Third)		☐ Cell ☐ Home ☐ Work
Additional Parent / Guardian / Foster Parent Info (e.g., who youth lives with, Contact Information, Custody arrangements, Signing Authority) [IEP Report]		

Emergency Contact			
Name		Phone Number	
Relationship		ROI Current	☐ Yes ☐ No

Other Providers Contact Information				
Current Provider	Name / Agency	Job Title	Phone	Email
☐				
☐				
☐				
☐				
☐				
☐				

Other Contact Information			
Name	Phone	Email	Relationship

Domain 1 – Presenting Problems

Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Member-Identified Impairment(s)

Presenting Problem

Description of Presenting Problems *(Current Problem, Acute Condition, Level of Distress, Collateral, Severity, Context, and Cultural Understanding)* ❶ ② ③ ❹ **[IEP Report]**

History of Presenting Problems ❶ ② ③ **[IEP Report]**

Client's Impairments in Functioning as Identified by Client and/or Collaterals ❶ ② ③ ❹

Mental Status Exam

LPHA Only

May ONLY be completed by Licensed/Registered/Waivered MD/OD/NP, MFT/AMFT, LPCC, LCSW/ASW, PhD/PsyD, RN with Psych MS or training or Clinical Trainee with co-signature.

General Appearance 1 3 4

☐ Within Normal Limits
☐ Hygiene Problems
☐ Disheveled
☐ Odd/Eccentric
☐ Other*

Thought Content 1 3 4

☐ Within Normal Limits
☐ Loose Associations
☐ Visual Hallucinations
☐ Flight of Ideas
☐ Auditory Hallucinations
☐ Paranoid Ideation
☐ Delusions
☐ Other*

Affect 1 3 4

☐ Within Normal Limits
☐ Anxious
☐ Sad
☐ Labile
☐ Withdrawn
☐ Flatten
☐ Angry
☐ Other*
☐ Incongruent

Thought Process 1 3 4

☐ Blocking / Slowed
☐ Poor Insight
☐ Racing Thoughts
☐ Other*
☐ Impaired Concentration

Physical and Motor 1 3 4

☐ Within Normal Limits
☐ Posturing / Repetitive
☐ Increased / Excessive
☐ Tremors
☐ Decreased / Slowed
☐ Other*
☐ Tics

Speech 1 3 4

☐ Within Normal Limits
☐ Poverty of Speech
☐ Pressured
☐ Mute
☐ Perseverative
☐ Other*
☐ Impairment

Mood 1 3 4

☐ Within Normal Limits
☐ Depressed
☐ Anxious
☐ Expansive / Euphoric
☐ Irritable
☐ Other*
☐ Angry

Cognition / Intellect 1 3 4

☐ Within Normal Limits
☐ Poor Judgment
☐ Weak Vocabulary
☐ Other*
☐ Concrete Thinking

Behavior 1 3 4

☐ Within Normal Limits
☐ Immature
☐ Evasive
☐ Uncooperative
☐ Aggressive
☐ Hostile
☐ Impulsive
☐ Other*

Was a Formal Mental Status Obtained?

☐ Yes ☐ No

Formal Mental Status Exam Results

☐ Impaired S-T Memory
☐ Impaired L-T Memory
☐ Can't Do Serial 7's
☐ Can Do Serial 7's
☐ Paucity of Knowledge
☐ Poor Orientation

***Other Mental Status Exam Information** (also include explanation if "other" was selected for any of the items above)

Domain 2 – Trauma

Trauma History, Trauma Symptoms and Reactions, Trauma Screening Results

Trauma History ❶ ② ③ ❹

Child / Youth Trauma History *(select 1 or more)* ❶ ② ③ ❹

☐ Physical Abuse	☐ Domestic Violence	☐ Immigration/Displacement	☐ Other
☐ Sexual Abuse	☐ Military Combat	☐ Separation	☐ Unknown
☐ Assault	☐ Torture	☐ Suspected	☐ None

Family Trauma History *(select 1 or more)* ❶ ② ③ ❹

☐ Physical Abuse	☐ Domestic Violence	☐ Immigration/Displacement	☐ Other
☐ Sexual Abuse	☐ Military Combat	☐ Separation	☐ Unknown
☐ Assault	☐ Torture	☐ Suspected	☐ None

Current Domestic Violence Issues? ❶ ② ③ ❹ ☐ Yes ☐ No ☐ Unknown

Past Domestic Violence Issues? ❶ ② ③ ❹ ☐ Yes ☐ No ☐ Unknown

Victim of Violence? ❶ ② ③ ❹ ☐ Yes ☐ No ☐ Unknown

Trauma History Not Previously Specified *(including but not limited to past or present, juvenile justice, criminal justice, social services involvement, adverse childhood events, etc.)*

Trauma Symptoms and Reactions

Trauma Reactions *The client's reaction / impact of traumatic situations (e.g., PTSD symptoms, avoidance of feelings, irritability, interpersonal problems, etc.).*

Trauma Screening

Domain 3 – Behavioral Health History

Behavioral Health History, Co-occurring Substance Use

Mental Health History

Mental Health Outpatient Treatment History *(incl. Providers and dates, therapeutic interventions, and responses)* ❶ ② ③ ❹

Psychiatric Hospitalization / Partial Hospitalization History / Residential *(incl. provider and dates)* ❶ ② ③ ❹

Additional Information Regarding Mental Health History That Has Not Yet Been Mentioned

Co-Occurring Substance Use History

SUD Outpatient Treatment History *(incl. Providers and dates, therapeutic interventions, and responses)*

SUD Hospitalization / Partial Hospitalization History / Residential Treatment History *(incl. provider and dates)*

Substance Use / Abuse / Misuse History

Substance Use Issues Impacting Client (select 1 or more) ❶ ② ③ ❹

☐ Current Substance Abuse
☐ Abuse / Misuse of Prescription Drugs
☐ Abuse / Misuse of Caffeine
☐ Abuse / Misuse of Narcotics
☐ Abuse / Misuse of OTC Medications
☐ Past Substance Abuse History
☐ Use of Illicit Drugs
☐ Use Impacts Functioning/Presenting Problems
☐ None
☐ Unknown
☐ Other

Does Substance Use Impact Risk? ☐ Yes ☐ No ☐ Unknown

Current and Past Use *(Drug Name, Method, Frequency, and Date of Last Use)* – You may use the free text box and/or the grid below.

Substance	Age of 1st Use	Highest Usage Amount and Frequency dur. Time Period	Current Usage with Amount/Frequency/Route	Date of Last Use	Rating of current abuse 0 – 4 minimal- severe
Alcohol					
Amphetamines					
Cocaine					
Opiates					
Sedatives					
PCP					
Hallucinogens					
Inhalants					
Marijuana					
Cigarettes					
RX Drugs					

Client supplied a urine specimen for tox screen. ☐ Yes ☐ No ☐ Not Applicable

Results of Tox Screen

Domain 4 – Medical History

Medical History, Current Medications, Co-occurring Conditions (other than substance use)

Medical History

Co-Occurring Conditions *(Includes Current Chronic Medical Conditions, Sleep Disorders, etc.) (Does Not Include Co-Occurring Substance Use)* ❶ ② ③ ❹

Medical History *(Other Conditions Not Mentioned, Including Significant Illnesses, Past Chronic Conditions / Treatment History / Surgeries / Allergies)* ❶ ② ③ ❹

Developmental History *(incl. pre-natal and peri-natal events; developmental milestones and delays; attachment and separation issues)* ❶ ② ③

Medication History

❶ ② ③ ❹

Current Medications *(incl. Prescriber, Medication Name, Usage, Dosage, Frequency, Adherence, Adverse Reactions, Response, Start Dates)* – You may use the free text box and/or the grid below.

Current RX Med.	Amount	Frequency	Prescribed By	Purpose of Med.
OTC/Herbs	**Amount**	**Frequency**	**Prescribed By**	**Purpose of Med.**

Past Medications (Medication History) *(incl. Prescriber, Medication Name, Usage, Dosage, Frequency, Adherence, Adverse Reactions, Response, Start/End Dates)*

Domain 5 – Social and Cultural History

Social and Life Circumstances, Culture/Religion/Spirituality

Social and Life Circumstances (CSI)	❶	②	③	❹	
Number of Children **Under the Age of 18** the Client Cares for or Is Responsible For At Least 50% of the Time (CSI)					
Number of Dependent Adults **Age 18 or Older** the Client Cares for or Is Responsible For At least 50% of the Time (CSI)					

Living Arrangement (CSI)

- ☐ House or apartment (includes trailers, hotels, dorms, barracks, etc.)
- ☐ House or apartment and requiring some support with daily living activities (applies to adults only)
- ☐ House or apartment and requiring daily support and supervision (applies to adults only)
- ☐ Supported housing (applies to adults only)
- ☐ Board and Care
- ☐ Adult Residential Facility, Social Rehabilitation Facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol Facility
- ☐ Justice Related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
- ☐ Community Treatment Facility
- ☐ Mental Health Rehabilitation Center (24 hour)
- ☐ Skilled Nursing Facility / Intermediate Care Facility / Institute of Mental Disease (IMD)
- ☐ Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veterans Affairs (VA) Hospital
- ☐ State Hospital
- ☐ Residential Treatment Center (includes Levels 13-14 for children)
- ☐ Group Home (includes Levels 1-12 for children)
- ☐ Foster family home
- ☐ Homeless, no identifiable residence*
- ☐ Other
- ☐ Unknown / Not Reported

Homeless Category (CSI)*

**Required if indicated Homeless above*

- ☐ Shelter
- ☐ Transitional
- ☐ Doubling Up
- ☐ Street (Including vehicle, RV, tent)
- ☐ Permanent Supportive Housing
- ☐ Unknown

Social and Life Circumstances					
Daily Activities, Social Networks, Community Engagement *Psychosocial History / Family History / Immigration History / Relationships / Interests / Social Activities and Supports*					

Education

Education (Highest Grade level Completed) (CSI) ❶ ③ ❹

☐ None, Kindergarten
☐ Other - Includes vocational education and training.
☐ Unknown / Not Reported
☐ Grade levels - Indicate highest grade completed.
Grades 1-20: ___________
(If the highest grade completed is greater than 20, code 20 as the highest grade completed.)

Current Grade Level ③	
Current District / School Placement ③	

Education Details [IEP Report] ③

Special Education ③

Special Education Eligibility Date			
Special Education Eligibility Status	☐ Autism ☐ Deaf ☐ Deaf-Blind ☐ Hard of Hearing ☐ Intellectual Disability ☐ Multi-Handicapped	☐ Orthopedically Impaired ☐ Other health Impaired ☐ Emotional Disturbance ☐ Specific Learning Disability ☐ Speech Impaired	☐ Traumatic Brain Injury ☐ Visually Handicapped ☐ Yes, Unknown Eligibility ☐ Not Applicable ☐ Unknown
Other Legal Status, Special Education and Admission Details			

Employment

Employment Status (CSI) ❶ ③ ❹

- ☐ Employed in competitive job market (Full Time, 35 hours or more per week)
- ☐ Employed in competitive job market (Part Time, less than 35 hours per week)
- ☐ Employed in noncompetitive job market (Full Time, 35 hours or more per week)
- ☐ Employed in noncompetitive job market (Part Time, less than 35 hours per week)
- ☐ Actively looking for work
- ☐ Homemaker
- ☐ Student
- ☐ Volunteer Worker
- ☐ Retired
- ☐ Resident / Inmate of Institution
- ☐ Other
- ☐ Unknown / Not Reported

Employment Details

Legal Involvement

Conservatorship / Court Status (CSI) ❶ ② ③ ❹

- ☐ Temporary Conservatorship
- ☐ Lanterman-Petris-Short
- ☐ Murphy
- ☐ Probate
- ☐ PC 2974
- ☐ Representative Payee Without Conservatorship
- ☐ Juvenile Court, Dependent of the Court
- ☐ Juvenile Court, Ward - Status Offender
- ☐ Juvenile Court, Ward - Juvenile Offender
- ☐ Not Applicable
- ☐ Unknown / Not Reported

Juvenile Justice History *(incl. Gang affiliation, etc.)*

Military History

Culture / Religion / Spirituality

1 2 3 4

SOGIE	❶ ② ③ ❹
What is your sexual orientation?	☐ Straight or heterosexual ☐ Bisexual ☐ Don't know / Declined to Answer ☐ Lesbian or Gay ☐ Queer ☐ Did not ask ☐ Another ☐ Asexual If Another Sexual Orientation:
What is your current gender identity?	☐ Male ☐ Male to Female / Transgender Female ☐ Genderqueer not exclusive male / female ☐ Female ☐ Female to Male / Transgender Male ☐ Declined to Answer ☐ Another ☐ Did not ask If Another Gender Identity:
What are your pronouns?	☐ He / Him ☐ She / Him ☐ Declined to Answer ☐ Another ☐ They / Them ☐ Did not ask If Another Pronoun:
What sex were you assigned at birth on your original birth certificate?	☐ Male ☐ Declined to Answer ☐ Female ☐ Did not ask ☐ Another If Another Sex Assigned at Birth:
Have you been diagnosed by a Doctor with an intersex condition?	☐ Yes ☐ Declined to Answer ☐ No ☐ Did not ask

Ethnicity		❶ ② ③ ❹
☐ Hispanic or Latino	☐ Puerto Rican	☐ Not Of Hispanic Origin
☐ Cuban	☐ Other Hispanic	☐ Unknown/ Not Reported

Race			❶ ② ③ ❹
☐ Amerasian	☐ Guamanian	☐ Laotian	☐ Other Pacific Islander
☐ American Native	☐ Hawaiian Native	☐ Mien	☐ Samoan
☐ Asian Indian	☐ Hispanic or Latino	☐ Multiple	☐ Tongan
☐ Black or African American	☐ Hmong	☐ Other	☐ Unknown/ Not Reported
☐ Cambodian	☐ Japanese	☐ Other Asian	☐ Vietnamese
☐ Chinese	☐ Korean	☐ Other Asian or Pacific Islander	☐ White / Caucasian
☐ Filipino			

Language for Assessment				❶ ② ③ ❹
Is Client able to communicate in English?	☐ Yes ☐ No			
Was Interpreter Used?	☐ Yes ☐ No	Name of Interpreter		
Language in which Assessment was conducted				

Client's Language(s)							❶ ② ③ ❹
Client's Primary Language	Client's Preferred Language	Language of Client's Family		Client's Primary Language	Client's Preferred Language	Language of Client's Family	
☐	☐	☐	American Sign Language (ASL)	☐	☐	☐	Mandarin
☐	☐	☐	Arabic	☐	☐	☐	Mien
☐	☐	☐	Armenian	☐	☐	☐	Other Chinese Dialects
☐	☐	☐	Cambodian	☐	☐	☐	Other Non-English
☐	☐	☐	Cantonese	☐	☐	☐	Other Sign Language
☐	☐	☐	English	☐	☐	☐	Polish
☐	☐	☐	Farsi	☐	☐	☐	Portuguese
☐	☐	☐	French	☐	☐	☐	Russian
☐	☐	☐	Hebrew	☐	☐	☐	Samoan
☐	☐	☐	Hmong	☐	☐	☐	Spanish
☐	☐	☐	Llocano	☐	☐	☐	Tagalog
☐	☐	☐	Italian	☐	☐	☐	Thai
☐	☐	☐	Japanese	☐	☐	☐	Turkish
☐	☐	☐	Korean	☐	☐	☐	Unknown / Not Reported
☐	☐	☐	Lao	☐	☐	☐	Vietnamese

Domain 6 – Strengths and Risk Factors

Strengths, Risk Behaviors, and Protective Factors

Strengths and Protective Factors ❶ ② ③ ❹

Youth and Family Strengths, Positive Coping Skills, Values, Motivations, Desires, Hobbies, Interests, Available Resources and Supports [IEP Report]

Risk Factors and Behaviors

Risk HARM TO SELF/SUICIDAL Thoughts/Behavior ❶ ② ③ ❹ ☐ Yes ☐ Undetermined ☐ Denied	**Past HARM TO SELF/SUICIDAL Thoughts/Behavior** ❶ ② ③ ❹ ☐ Yes ☐ Unknown ☐ Denied
Current HARM TO OTHERS/HOMICIDAL Thoughts ❶ ② ③ ❹ ☐ Yes ☐ Undetermined ☐ Denied	**Past HARM TO OTHERS/HOMICIDAL Thoughts** ❶ ② ③ ❹ ☐ Yes ☐ Unknown ☐ Denied
Recklessness / Engaged in Violent Acts? (physical, sexual, vandalism) ❶ ② ③ ❹ ☐ Yes ☐ Unknown ☐ Denied	**Access to FIREARMS / WEAPONS** ❶ ② ③ ❹ ☐ Yes ☐ Undetermined ☐ Denied

Risk factors For Danger to Self or Others, and Gravely Disabled

Risk Factors and Behaviors
Sexual History / HIV Risk (RESTRICTED)
Triggers for Risk *(if not previously mentioned in Trauma section)*

Domain 7 – Clinical Summary

Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/LOC/Access Criteria. All items in Domain 7 must be completed by an LPHA.

LPHA Required Fields for CSI	❶ ② ③ ❹ LPHA Only
Has client experienced traumatic events?	☐ Yes ☐ No ☐ Unknown
Does client have a substance abuse/dependence diagnosis?	☐ Yes ☐ No ☐ Unknown / Not Reported
Substance Abuse / Dependence Diagnosis	

Treatment Recommendatio

❶ ② ③ ❹ **LPHA Only**

Treatment is being provided to address an important area of life functioning

☐ School / Work Functioning ☐ Social Relationships ☐ Daily Living Skills
☐ Ability to maintain placement ☐ Symptom Management ☐ Does Not Meet Criteria to Access SMHS

Recommendations for Interventions and Goals

Service Strategies (CSI)

❶ ② ③ ❹ **LPHA Only**

Evidenced Based Practices		Service Strategies	
☐ Assertive Community Treatment	☐ New Generation Medications	☐ Peer/Family Delivered	☐ Delivered in Partnership with Substance Abuse Services
☐ Supportive Employment	☐ Therapeutic Foster Care	☐ Psycho-Education	☐ Integrated Services for MH & Aging
☐ Supportive Housing	☐ Multisystemic Therapy	☐ Family Support	☐ Integrated Services for MH & Developmental Disability
☐ Family Psychoeducation	☐ Functional Family Therapy	☐ Supportive Education	☐ Ethnic-Specific Service Strategy
☐ Integrated Dual Diagnosis Treatment	☐ Unknown Evidence-Based Practice/ Service Strategy	☐ Delivered in Partnership with Law Enforcement	☐ Age-Specific Service Strategy
☐ Illness Management and Recovery		☐ Delivered in Partnership with Health Care	
☐ Medication Management		☐ Delivered in Partnership with Social Services	

Clinical Impressions	❶	②	③	❹	LPHA Only
Clinical Formulation / Summary *(incl. current presenting issues, course of treatment, impairments, diagnostic criteria, strengths)*					
Additional Factors or Comments					

School Based Mental Health			③		LPHA Only
SBMH Eligible? [IEP Report]	☐ Yes ☐ No				
SBMH IEP Summary and Recommendations [IEP Report]					

MR#:
Name:

Problem List						❶ ② ③ ❹ LPHA Only	
DSM V Diagnosis / Problem List Item	ICD 10 Code	Date Added	Date Removed	Added or Removed By (Full Name of Staff)	Provider Title / Discipline	Primary Dx	SUD Dx
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

General Medical Conditions (CSI) Check identifying physical health condition(s) as reported by client.						❶ ② ③ ❹ LPHA Only	
17 = Allergies	☐	11 = Cirrhosis	☐	04 = Hyperlipidemia	☐	31 = Physical Disability	☐
16 = Anemia	☐	07 = Cystic Fibrosis	☐	05 = Hypertension	☐	08 = Psoriasis	☐
01 = Arterial Sclerotic Disease	☐	25 = Deaf/Hearing Impaired	☐	14 = Hyperthyroid	☐	36 = Sexually Transmitted	☐
19 = Arthritis	☐	12 = Diabetes	☐	13 = Infertility	☐	32 = Stroke	☐
35 = Asthma	☐	09 = Digest Reflux, Irritable Bowel	☐	27 = Migraines	☐	33 = Tinnitus	☐
06 = Birth defects	☐	34 = Ear Infections	☐	28 = Multiple Sclerosis	☐	10 = Ulcers	☐
23 = Blind/Visually Impaired	☐	26 = Epilepsy/Seizures	☐	29 = Muscular Dystrophy	☐	00 = No Gen. Medical Condition	☐
22 = Cancer	☐	02 = Heart Disease	☐	15 = Obesity	☐	37 = Other	☐
20 = Carpal Tunnel Syndrome	☐	18 = Hepatitis	☐	21 = Osteoporosis	☐	99 = Unk/Not Report'd. GMC	☐
24 = Chronic Pain	☐	03 = Hypercholesterolemia	☐	30 = Parkinson's Disease	☐	31 = Physical Disability	☐

Diagnosis Comments	1	2	3	4	LPHA Only

Contributing Practitioner					LPHA Only
Contributing Practitioner 1					
Area of Contribution					
Contributing Practitioner 2					
Area of Contribution					

Authorized Clinical Staff* involved in assessment interview Signature and Date

Assessor's Name/Discipline – Printed
Conducted the Mental Status Exam and provided Diagnosis.

Date

Authorized Clinical Staff* involved in assessment interview Signature and Date

Assessor's Signature and Discipline

Date

Assessor **<u>must</u>** be a *Licensed/Registered/Waivered MD/OD/NP, MFT, LCSW, LPCC, PhD/PsyD, RN with Psych MS or Trainee with co-signature.*

(At minimum the assessor is responsible for reviewing the completed assessment, conducting the mental status exam, providing a clinical formulation and providing the diagnosis. Assessor signs here to co-sign for assessments provided by trainees.)