

Client Information	
Client Name:	Date of Assessment:
Date of Birth:	Referral Source:
CPT Code/Time Spent:	Other Agencies Involved:
Source of Information:	Preferred Language of Treatment:
Beneficiary Rights	
Beneficiary Rights Provided:	
<input type="checkbox"/> Explanation of the State Guide to Medi-Cal Mental Health Services <input type="checkbox"/> Grievance/Appeal Process <input type="checkbox"/> Notice of Privacy Practices <input type="checkbox"/> Not provided, Explain:	
Domain 1: Presenting Problem/Chief Complaint	
(Presenting problem, current mental status exam, impairments in functioning)	
Domain 2: Experience of Trauma	
(Trauma exposures, trauma reactions, trauma screening, systems involvement)	
Domain 3: Behavioral Health History	
(Mental health history, substance abuse/use, including past and/or present nicotine use, previous services, interventions that have been utilized)	
Domain 4: Medical History and Medications	
(Physical health conditions, medications, developmental history)	
Allergies:	
Primary Care Physician:	

Domain 5: Psychosocial Factors

(Family history, current family involvement, significant life events within family, social and life circumstances, social supports, legal/justice involvement, community engagement, cultural considerations)

Domain 6: Strengths, Risk and Protective Factors

(Strengths and protective factors, risk factors and behaviors, safety planning. Include past and present danger to self and danger to others. Detail intent, plan, access to means, previous attempts, relevant risk factors – such as co-occurring disorders, loss, abuse, access to firearms, etc.)

Domain 7: Clinical Summary, Treatment Recommendations, Level of Care Determination

(Clinical impression, summary of clinical symptoms and functional impairments, diagnostic impression, and treatment recommendations)

Clinician Information

Clinician Signature:

Clinician Printed Name:

Date: