

Print Form

# CLIENT ASSESSMENT UPDATE

**HOST COUNTY:** \_\_\_\_\_  
Mental Health Plan

**COUNTY OF ORIGIN:** \_\_\_\_\_  
Mental Health Plan

**Date of this Assessment Update:** \_\_\_\_\_  
(mmddyyyy)

<b>CLIENT NAME</b>	<b>DOB:</b>	<b>Age Today:</b>
_____ (First)      _____ (Middle)      _____ (Last)	_____ (mmddyyyy)	_____
SSN: _____ (111223333)	Identification Number: _____	

**Please describe any changes to the following areas since the most recent Client Assessment dated:** \_\_\_\_\_  
(mmddyyyy)

<b>PRIMARY CAREGIVER:</b> _____	<b>Relationship:</b> _____	<b>Phone:</b> _____
Address: _____		1112223333
City: _____	State: _____	Zip: _____

<b>Resources</b> (Interests, family, community, school and peers, etc)	<input type="checkbox"/> No Change
<b>Presenting Problems:</b>	<input type="checkbox"/> No Change
<b>Symptoms</b> (mood, anxiety, thought, perception, attention, sexuality, gender, etc.):	<input type="checkbox"/> No Change
<b>Substance Abuse:</b>	<input type="checkbox"/> No Change
<b>Mental Status Exam</b> (appearance, eye contact, speech, behavior, mood, affect, etc):	<input type="checkbox"/> No Change
<b>Functional Impairment</b> (home, school/education, community, work, family/peer relationships):	<input type="checkbox"/> No Change
<b>Relevant Physical Health Conditions:</b>	<input type="checkbox"/> No Change

**Client Name:**

**Record/Identification Number:**

<b>Cultural Factors:</b>	<input type="checkbox"/> No Change
<b>Social Factors:</b>	<input type="checkbox"/> No Change
<b>Developmental Status:</b>	<input type="checkbox"/> No Change
<b>Medications:</b>	<input type="checkbox"/> No Change
<b>Coordinated Services/Agencies:</b>	<input type="checkbox"/> No Change
<b>DIAGNOSIS</b>	<input type="checkbox"/> No Change
<b>I:</b>	
<b>II:</b>	
<b>III:</b>	
<b>IV:</b>	
<b>V: GAF:</b> Past Year: _____      Current Year: _____	
<b>Additional comments (Optional):</b>	
LPHA Printed Name:	Date:
LPHA Signature:	Lic/Reg:
LPHA Co-Signature Printed Name (if required):	Date:
LPHA Co-Signature (if required):	Lic/Reg: