



Diagnostic Assessment

Client name:	Clinician:
DOB:	Date:
Client insurance #:	ICD-10 diagnosis:

Referral source: _____

Treatment history: _____

Presenting problem: _____

Current symptoms: _____

Treatment goals: _____

Alcohol/drug use: _____

Family and social status (current and historical): _____

Legal status: _____

Vocational/educational status: _____

Community resources/service: _____

Personal/social resources and strengths: _____

Current medications: _____

Additional documentation: _____

Clinician signature:	Date:
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Notes: The diagnostic assessment must be current. One year for adults and adolescents (13 – 20). Six months for children under age 13. The assessment must be updated for occurrence of crisis of significant clinical event.