

(Note: this is not a form. It is provided as an example of an acceptable template. You will likely need more space in each section.)

Revised 10/16/2019

## **Diagnostic Assessment**

**Participant Name:**

**DOB:**

**Referral Source:**

**Date(s) of service and begin and end time(s):**

**Setting:**

**Statement of Needs, Goals, and Treatment Expectations from Individual/Family Requesting Services:**

**Summary of Relevant Behavioral Health (i.e., Mental Health and/or Substance Use Disorder) Treatment History:**

**Current Behavioral Health Symptoms (Best Practice is to Screen for Anxiety, Depression, Suicide Risk, Substance Use Disorder, and Trauma at a Minimum – Symptoms along with Significant Distress or Impaired Functioning Should Support Diagnosis):**

**Developmental (If under Age 6), Family, Social, Legal, and Vocational/Educational Status and Functioning. (Include Historical Information If Pertinent):**

**Current Medications:**

**Personal and Social Resources and Strengths (e.g., Family, Peers, and Other Natural Supports):**

**Diagnostic Impression (DSM-5):**

Name/Signature/Title \_\_\_\_\_ Date \_\_\_\_\_