



**SAN MATEO COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES
ASSESSMENT ADDENDUM**

"Confidential Patient Information: See California Welfare and Institutions Code Section 5328"

CLIENT _____ MH ID # _____

Agency/Program _____ Date of Original Assessment _____ Date of this Addendum _____

Please indicate information into one of the following areas when updating the initial assessment:

- | | | |
|---|--|---|
| <input type="checkbox"/> Demographic Data | <input type="checkbox"/> Psychiatric History | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> Presenting Problem/Chief | <input type="checkbox"/> Medical History | <input type="checkbox"/> Psychosocial History |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Medications | <input type="checkbox"/> Mental Status Evaluation |

Notes:

Staff Writing Addendum, Signature, Discipline, Date

LPHA Co-Signature, Discipline Date

LPHA must be an MD, Licensed/Waivered Psychologist,
Licensed/Registered CSW, MFT, LPCC or RN-MS Psych.