

AKAIMS Behavioral Health Assessment

Identifying Info *(From AKAIMS Profile/Intake)*

Name _____ Date of Assessment _____

Gender _____ DOB _____ Race _____

Address _____

Phone _____

Presenting Problem (client's words and clinical impression) _____

Family History

Medical _____

Mental Health _____

Substance Abuse _____

Client History and Current Status

Current Living Arrangement _____

Financial Status _____

Legal History and Current Involvement _____

Social History _____

Family/Peer _____

Work/Education _____

Medical _____

Client History and Current Status 2

Mental Health History and Current Status _____

Drug and Alcohol History and Current Status _____

Developmental History (include prenatal care that assesses for FAS/FAE if applicable) _____

Functional Impairment _____

Mental Status Exam _____

Clinical Impressions Summary _____

Client History and Current Status 3

Eligibility Summary _____

Problem Summary List _____

Strengths/Resources _____

Prognosis (circle one) **Excellent** **Good** **Fair** **Poor**

Comments/ Documents Reviewed _____

Services the Family Wants _____

Recommendations _____

Client Diagnosis

Primary _____

Secondary _____

Tertiary _____

	Code(s)	Description(s)	Specifier(s)	Principal Yes / No
Behavioral				
Medical				
Psychosocial				

Signatures:

Clinician: _____

Date: _____

Client: _____

Date: _____

Other: _____

Date: _____

[All areas in this document for adding text may be increased or decreased to accommodate client comments or clinical impressions as needed. This form only provides an outline of what is asked in the digital file in AKAIMS, where text boxes can be left blank or may contain many words as needed. This form is just to provide the outline to match the electronic document, for your convenience.]