

PROBLEM LIST

Client Problems <i>(includes diagnoses, symptoms, non-mental health conditions, risk factors, etc.)</i>	Identified by Staff or Client/Significant Support Person?	Date Problem Identified / Added	Date Problem Resolved / Removed	Practitioner Name	Practitioner Title

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: _____ DMH ID#: _____
Agency: _____ Provider #: _____
Los Angeles County – Department of Mental Health

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