MH 536A
Revised 07/1/19

CHILD/ADOLESCENT ASSESSMENT ADDENDUM

Date of Addendum: _____

Assessing Practitioner (Name and Discipline): _____

Assessment to Addend: _____

Please categorize information into one of the following areas when updating the Initial Assessment:

Identifying Information	*Medical and Psychiatric History*	*Living Situation*
Reason for Referral/Chief Complaint	*Medications*	*Mental Status*
Mental Health History/Risks	*Substance Use/Abuse*	*Other Information*
Diagnosis/Symptoms/Impairments		

(If Diagnosis is changed, document justification below and complete the MH-501 Change of Diagnosis form.)

☐ Continued **(Sign & complete information on last page of Child/Adolescent Assessment Addendum)**

Signature & Discipline	Date	Co-signature & Discipline	Date

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 the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Name: _____ ID#: _____

Agency: _____ Provider #: _____

Los Angeles County – Department of Mental Health

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