Start Date: _____ End Date: _____Client: _____ ID#: _____ DOB: _____

CalAIM Assessment

Domain 1: List/Describe Presenting Problem(s), Current Mental Status, History of Presenting Problem(s) and Client Identified Impairment(s).

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Domain 2: List/Describe Trauma - Indicate N/A if not applicable.

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Domain 3: List/Describe Behavioral Health History and Comorbidity.

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Domain 4: List/Describe Medical History, Current Medications, Medication History, and Comorbidity with Behavioral Health.

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Domain 5: List/Describe Social and Life Circumstances and Culture/Religion/Spirituality.

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Domain 6: List/Describe Strengths, Risk Behaviors, and Safety Factors.

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Domain 7: List/Describe Clinical Summary and Recommendations, Diagnostic Impression, and Medical Necessity Determination/Level of Care/Access Criteria.

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Problem List:

Description	ICD 10 Code	Start Date	End Date

Signature: _____   Date: _____

Printed Name: _____