Consumer Name:  Case # Date of Addendum:

Date of program enrollment:  Date of last Functional Screen:

Date of Original Assessment: ­­­­­­­­­­­­­­­­­ Service Facilitator:

**Summary of Addendum to Existing Assessment**

Please describe in detail all significant functional and/or psycho-social changes that have occurred since the writing of the current Assessment which are the basis for this addendum. Include the reasons that the Assessment needs to be amended, and the specific life domain addressed for in this Assessment Addendum.

Comments should incorporate, to the greatest extent possible, the *consumer's unique perspective and own words about how he or she views his or her recovery, experience, challenges, strengths, resources, and needs* in each of the domains.

**Is this an area you would like to work on as an area of intervention?** ☐ Yes ☐ Not at this time

**If so, what are your priorities or goals in this area?**

Additional comments or notes, including possible options for treatment, Psychosocial Rehabilitation Services (PRS), and self-help programs to address the consumer’s priorities or goals. Address any applicable age or developmental factors.

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Consumer/Date Mental Health Professional/Date

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Parent or Guardian/Date Service Facilitator/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AODA Professional/Date