Indigenous Wellness Assessment Addendum Cheat Sheet

First Nations, Inuit, Métis, and other Indigenous clients · Reviewed by the BastionGPT Clinical Advisory Board · August 2026

An Indigenous wellness assessment addendum is a culturally grounded section that rides alongside a standard mental health intake for First Nations, Inuit, Métis, American Indian and Alaska Native, or Aboriginal and Torres Strait Islander clients. It documents strengths, family and community connections, language and culture, spiritual factors at the level the client chooses to share, and community supports. No payer or regulator mandates the format; the structure follows wellness frameworks such as the FNMWC and SEWB, with strengths leading. Most run 300 to 600 words.

Header and parent-assessment linkage the addendum never floats free
Do: record client identifiers, date, clinician, and the standard assessment this addendum accompanies, named by type and date.
Pitfall: an addendum floating free of the chart; NIHB verification and payer audits read the parent assessment and treatment plan first.

Identity and community connection client-led, recorded as offered
Do: record how the client describes their identity, Nation or community affiliation, and connection to home community and territory, as offered.
Pitfall: probing for status-card, membership, or ancestry detail the client did not offer; the record holds what they choose to share, not what a form demands.

Strengths and cultural resources strengths lead the document
Do: document what has kept the client well: cultural practices, skills, roles, relationships, humor, previous help that worked.
Pitfall: writing culture into the record only when it appears as a barrier; a deficit-framed addendum inverts the document's whole purpose.

Family, kinship, and community context the client's terms
Do: record kinship and caregiving roles as the client names them, household composition, and community involvement and belonging.
Pitfall: forcing kinship into a nuclear-family genogram; aunties, grandparents, and chosen kin often carry primary roles.

Language and culture a wellness domain in itself
Do: record languages spoken, understood, or being reclaimed, preferences for service, and cultural practices the client wants connected to care.
Pitfall: reducing language to an access checkbox ("English fluent, no interpreter needed"); reclamation belongs in the strengths picture.

Spiritual and land-based factors at the client's level of sharing
Do: record client-defined spirituality and connection to land, water, and seasons as they relate to wellness.
Pitfall: recording ceremony contents or teachings; the chart is releasable, so document that a practice supports wellness, never what happens inside it.

Community supports and services collateral, not co-authors
Do: record Elders, Knowledge Keepers, cultural programs, and community organizations involved or wanted, and how each connects to care.
Pitfall: entering an Elder as co-author or co-signer; Elders are not NIHB-enrolled providers, so involvement is collateral or through community-managed programs.

Client wellness goals and agreed adaptations their words, mapped to the plan
Do: keep goals in the client's own terms, map them to treatment plan goals in the parent record, and note agreed adaptations: pacing, who joins sessions, scheduling around time in community.
Pitfall: translating the client's goals into clinician language at the point of capture; do the clinical mapping in the treatment plan.

Before you sign

- [ ] Identity client-led; only what the client chose to share
- [ ] Strengths lead; culture never appears only as a barrier
- [ ] Client's words kept as quotes, not paraphrase
- [ ] Spiritual content at practice level; no ceremony detail
- [ ] Elder input documented as collateral; no co-signature
- [ ] Parent assessment named; goals mapped to its plan
- [ ] Payer elements complete in the parent record

Drafting with AI

Give it a few bullets, a dictation, or a transcript; it drafts the addendum with strengths leading and the client's own wording held as quotes, and flags deficit framing, ceremony detail, or a missing parent-record link before you sign.

"Draft an Indigenous wellness addendum from these intake notes; keep her quoted words; spiritual content stays at what she shared."

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300 to 600 words	No mandated form	Strengths lead	Addendum, not the record
20 to 40 minutes by hand	convention per FNMWC, SEWB	the client's words throughout	parent note carries payer rules

Guide and sample: **bastiongpt.com/template/indigenous-wellness-assessment**

Indigenous & First Nations Wellness Assessment Addendum

Accompanies the standard intake or biopsychosocial assessment · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client: Date: Clinician:

Parent assessment (type and date):

Identity and community connection (client's own words)
self-description and affiliation (as shared) · connection to home community, territory, land

Strengths and cultural resources
what keeps the client well · cultural practices, skills, roles

Family, kinship, and community context
kinship and caregiving roles (client's terms) · community involvement and belonging

Language and culture
languages spoken / understood / being reclaimed · service preferences (language, family present, other)

Spiritual and land-based factors (at the client's level of sharing)
practices and connections supporting wellness · record only what the client chooses to share

Community supports and services
Elders, Knowledge Keepers, programs involved (collateral) · referrals to cultural or land-based supports

Client wellness goals (client's own terms)
recorded in the client's words · revisited as trust builds

Agreed service adaptations
pacing · who joins sessions · scheduling around time in community

Mapped to treatment plan goal(s) in parent record:

Clinician signature / credentials / date: