[ ]  New [ ] Update

|  |  |
| --- | --- |
| Client Name:       | Case Number:       |
| Review Date:       | Unit/SubUnit:       |

**Provided by External Provider** [ ]  Yes [ ]  No

If Yes, Diagnosing Clinician (First, Last Name):       Credential:

**Comments:** (Include Rule outs, reason for Diagnosis changes and any other significant information)

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**DIAGNOSIS:** List the appropriate diagnoses. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual.

The Primary Diagnosis should be listed first as priority 1.

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| --- | --- | --- | --- | --- |
| **ID (ICD-10)** | **Description** | **Priority** | **Begin Date** | **End Date** |
|       |       |       |       |       |
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**CSI General Medical Condition: (Select all that apply)**

|  |  |  |
| --- | --- | --- |
| **[ ]** 00-No General Medical Condition[ ]  17-Allergies[ ]  16-Anemia[ ]  01-Arterial Sclerotic Disease[ ]  19-Arthritis[ ]  35-Asthma[ ]  06-BirthDefects[ ]  23-Blind/Visually Impaired[ ]  22-Cancer[ ]  20-Carpal Tunnel Syndrome[ ]  24-Chronic Pain[ ]  11-Cirrhosis[ ]  07-Cystic Fibrosis | [ ]  25-Deaf/Hearing Impaired[ ]  12-Diabetes[ ]  09-Digestive Disorders[ ]  34-Ear Infections[ ]  26-Epilepsy/Seizures[ ]  02-Heart Disease[ ]  18-Hepatitis[ ]  03-Hypercholesterolemia[ ]  04-Hyperlipidemia[ ]  05-Hypertension[ ]  14-Hyperthyroid[ ]  13-Infertility[ ]  27-Migraines | [ ]  28-Multiple Sclerosis[ ]  29-Muscular Dystrophy[ ]  15-Obesity[ ]  21-Osteoporosis[ ]  37-Other[ ]  30-Parkinson’s Disease[ ]  31-Physical Disability[ ]  08-Psoriasis[ ]  36-Sexually Transmitted Disease[ ]  32-Stroke[ ]  33-Tinnitus[ ]  10-Ulcers[ ]  99-Unknown/Not Reported |

**Experienced Trauma:** [ ]  Yes [ ]  No [ ]  Unknown/Not Reported

**Signature of Clinician Requiring Co-signature:**

 Date:

Signature

Printed Name       CCBH ID number:

**Signature of Clinician Completing/Accepting the Assessment:**

 Date:

Signature

Printed Name       CCBH ID number:

**Signature of Staff Entering Information (if different from above):**

 Date:

Signature

Printed Name       CCBH ID number: