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

**DIAGNOSIS:** List the appropriate diagnoses. Record as many coexisting diagnoses as are relevant to the care and treatment of the individual.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID (ICD-10)** | **Description** | **Priority** | **Begin Date** | **End Date** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

**Social Determinants of Health Codes (Z Codes)**

**Code # Description Start Date Name, Job Title**

[ ] Z55.4 Education Maladjustment Discord

 w/ teacher and/or classmates **End Date**

[ ]  Z55.8 Other Problems Related to Education

 and Literacy **End Date**

[ ]  Z56.89 Other Problems Related to

 Employment **End Date**

**[ ]** Z59.9 Problems Related to Housing and Economic

 Circumstances **End Date**

[ ]  Z60.8 Other Problems Related to Social

 Environment **End Date**

**[ ]** Z62.21 Child in Welfare Custody

 **End Date**

**[ ]** Z62.819 Personal History of Unspecified Abuse

 in Childhood **End Date**

**[ ]** Z62.89 Parent-Child Relations Problem

 **End Date**

[ ]  Z63.72 Alcoholism and Drug Addition in Family

 **End Date**

[ ]  Z63.79 Other Stressful Life Event Affecting Family

 and Household **End Date**

[ ]  Z63.9 Problem Related to Primary Support Group,

 Unspecified **End Date**

 **Comments:** (Add any additional comments or risk factors to Problem List)

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| --- |
|       |

**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: