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| **Person Served Information** |
| Person Served Name:       | ID Number:       |
| **Date of Birth:** Enter DOB | **Effective Date:** Enter Service Date |

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| **Diagnosis** |
| **DSM-5 / ICD10 Code:**       | **SNOMED Code:**       |
| **ICD / DSM Description:**       |
| [ ]  Rule Out  | Type: Choose Dx Type. | Severity: Choose Severity. |
| Billable: [ ]  Yes [ ]  No  | Remission: Choose Status if applicable. | Order:       |

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| **DSM-5 / ICD10 Code:**       | **SNOMED Code:**       |
| **ICD / DSM Description:**       |
| [ ]  Rule Out  | Type: Choose Dx Type. | Severity: Choose Severity. |
| Billable: [ ]  Yes [ ]  No  | Remission: Choose Status if applicable. | Order:       |

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| **DSM-5 / ICD10 Code:**       | **SNOMED Code:**       |
| **ICD / DSM Description:**       |
| [ ]  Rule Out  | Type: Choose Dx Type. | Severity: Choose Severity. |
| Billable: [ ]  Yes [ ]  No  | Remission: Choose Status if applicable. | Order:       |

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| **DSM-5 / ICD10 Code:**       | **SNOMED Code:**       |
| **ICD / DSM Description:**       |
| [ ]  Rule Out  | Type: Choose Dx Type. | Severity: Choose Severity. |
| Billable: [ ]  Yes [ ]  No  | Remission: Choose Status if applicable. | Order:       |

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| **LPHA/Medical Director Name Printed, Title:**      | **LPHA/Medical Director Signature:** | **Date:** |