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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:** |