



## Mendocino County Behavioral Health Diagnosis/ Periodic Update Form

<input type="checkbox"/> Admission	<input type="checkbox"/> Discharge	Location/Site:	Effective/Onset Date:
<input type="checkbox"/> Update	<input type="checkbox"/> Deceased		

**ICD-10 Primary Diagnosis: (Must include Code and Description)**

**Primary:**    **ICD-10 Codes:**    **ICD-10 Description Name:**

Axis I		
Axis II		
Axis III		

**Supplemental Diagnosis: (Must include Axis, Code and Description)**

**Axis:**    **ICD-10 Codes:**    **ICD-10 Description Name:**


Is Substance Abuse Affecting Mental Health?     Yes     No     Unknown

**Substance Abuse Diagnosis: (Must include Code and Description if applicable)**

**ICD-10 Code:**    **ICD-10 Description Name:**

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Are Developmental Disabilities Affecting Mental Health?     Yes     No     Unknown

Are Physical Health Disorders Affecting Mental Health?     Yes     No     Unknown

Trauma     Yes     No     Unknown

**Special Population: (Select One)**

- Assisted Outpatient Treatment (AB1421)
- IEP-Individualized Education Plan (AB 3632)
- Governor's Homeless Initiative
- No Special Population Services
- Cal Works-Welfare to Work

**Conservatorship/ Court Status: (Select One)**

<input type="checkbox"/>	Temporary Conservatorship	<input type="checkbox"/>	Juvenile Court, Dependent of the Court
<input type="checkbox"/>	Lanterman-Petris-Short (LPS)	<input type="checkbox"/>	Juvenile Court, Ward-Status Offender
<input type="checkbox"/>	Murphy	<input type="checkbox"/>	Juvenile Court Ward-Juvenile Offender
<input type="checkbox"/>	Probate	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	PC 2974	<input type="checkbox"/>	Unknown/Not Reported
<input type="checkbox"/>	Representative Payee Without Conservatorship		

Confidential Patient Information See California Welfare and Institution Code Section 5328  Rev. 10/2016	<b>Client Number :</b>  <b>Client Name:</b>  <b>DOB:</b>
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**Client Living Arrangements: (Select One)**

- Adult Residential Facility, Social Rehabilitation Facility, Crisis Residential
- Board and Care
- Community Treatment Facility
- Foster Family Home
- Group Home (includes Levels 1-12 for children)
- Homeless, No Identifiable Residence
- House or Apartment (includes trailers, hotels, dorms, barracks etc.)
- House or Apartment (requiring some support w/daily support & supervisions) (Adults Only)
- House or Apartment (requiring some support w/daily living activities) (Adults Only)
- Inpatient Psychiatric Hosp., Psychiatric Health Facility or VA Hospital
- Justice Related ( Juvenile Hall, CYA Home, Correctional Facility)
- Mental Health Rehabilitation Center (24 hour)
- Other
- Residential Treatment Center (Includes Levels 13-14 for Children)
- Skilled Nursing Facility/ Intermediate Care Facility/ Instituted of Mental Disease (IMD)
- State Hospital
- Supported Housing (Adults Only)
- Unknown/ Not Reported

Diagnosis Practitioner Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis Practitioner Print Name/Title: \_\_\_\_\_

Staff Member Signature Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Print Name: \_\_\_\_\_

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	Client Name:
	DOB: