



Mendocino County Health and Human Services Agency
Behavioral Health and Recovery Services

DIAGNOSIS / PERIODIC UPDATE FORM

Diagnosis/ Periodic Update:
Assessment/Admission Discharge
Assessment/Update Deceased
Site Number(s):
Renewal Date:
CLIENT #
Effective Date:

CLIENT INFORMATION
NAME: Last First Middle Phone: Day Evening
ADDRESS: Street and Number City State / Zip
EMERGENCY CONTACT (Not to be used for release of records):
Client Name Relationship Phone: Day Evening
Initials
COMMENTS:

PRACTITIONER ASSIGNMENT
New Admission / Transfer of Case / Discharge of Client
Practitioner Type (Select One)
Psychiatrist Primary MHD Provider
Contract Provider Other
Practitioner Name: Start Date: End Date:
New Admission
Transfer to: Date:
Discharge By: Date:

PRIMARY CARE PHYSICIAN: NAME: ADDRESS:

ADVANCE DIRECTIVE:
Yes No Last updated: Location: In Chart Other:
Data Entry Date: By:

Presenting Problem: (Circle 1 thru 3 as applicable)

- 1 2 3 Alcohol & Drug Problems
- 1 2 3 Assaulting/Threatening Behavior
- 1 2 3 Attempt, Threat, Or Danger Of Homicide
- 1 2 3 Attempt, Threat, Or Danger Of Suicide
- 1 2 3 Depression Or Mood Disorder
- 1 2 3 Involvement With Criminal Justice System
- 1 2 3 Involvement With Juvenile Justice System
- 1 2 3 Marital / Family Problems
- 1 2 3 Other
- 1 2 3 Self-Abusive Behavior
- 1 2 3 Thought Disorder

Client's Living Arrangements

- 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 and requiring daily support and supervision (applies to adults only)
- House or apartment & requiring some support w/daily living activities (applies to adults only)
- Inpatient Psychiatric Hosp, Psychiatric Health Facility(PHY) or Veteran Affair(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/Institute of Mental Disease (IMD)
- State Hospital
- Supported housing (applies to adults only)
- Unknown / Not Reported

Special Population:

- Assisted Outpatient Treatment (AB1421)
- IEP-Individualized Education Plan (AB3632)
- Governor's Homeless Initiative
- No Special Population Services
- Cal Works-Welfare to Work

Is Substance Abuse Affecting Mental Health? Yes No Unknown

Are Developmental Disabilities Affecting Mental Health? Yes No Unknown

Are Physical Health Disorders Affecting Mental Health? Yes No Unknown

Conservator ship/Court Status:

- Temporary Conservator ship
- Lanterman-Petris-Short (LPS)
- Murphy
- Probate
- PC 2974
- Representative Payee Without Conservatorship
- Juvenile Court, Dependant of the Court
- Juvenile Court, Ward-Status Offender
- Juvenile Court, Ward-Juvenile Offender
- Not Applicable
- Unknown/Not Reported

Data Entry Date: _____ **By:** _____

Disabilities – 1 (Primary)

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Disabilities – 2 If applicable (Secondary)

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Disabilities – 3 If applicable (tertiary)

- None
- Visual
- Hearing
- Speech
- Mobility
- Mental
- Developmentally Disabled
- Other

Current Medications:

1. _____
2. _____
3. _____

Date of Diagnosis: _____ Admission Discharge Onset Update

DIAGNOSING PRACTITIONER /NUMBER: _____

DIAGNOSIS-Axis

Axis I-1 _____

Axis I-2 _____

Axis I-3 _____

Axis II-1 _____

Axis II-2 _____

Axis II-3 _____

Axis III-1 _____

Axis III-2 _____

Axis III-3 _____

Axis IV

- Primary Support Group
- Social Environment
- Educational
- Occupational
- Housing
- Economic
- Health Care Services
- Legal System/Crime
- Other Problems

Axis V - GAF

Current: _____

Highest Level last 12 Months: _____

Lowest Level last 12 Months: _____

PRINCIPAL DIAGNOSIS: _____

TRAUMA (CSI) Yes No Unknown

SUBSTANCE ABUSE / DEPENDENCE (CSI) Yes No Unknown

SUBSTANCE ABUSE / DEPENDENCE DIAGNOSIS (CSI)

Code: _____ Description: _____

SUPPLEMENTAL DIAGNOSIS

Axis I-4 _____ Axis II-4 _____ Axis III-4 _____

Axis I-5 _____ Axis II-5 _____ Axis III-5 _____

Axis I-6 _____ Axis II-6 _____ Axis III-6 _____

Axis I-7 _____ Axis II-7 _____ Axis III-7 _____

Axis I-8 _____ Axis II-8 _____ Axis III-8 _____

Axis I-9 _____ Axis II-9 _____ Axis III-9 _____

Axis I-10 _____ Axis II-10 _____ Axis III-10 _____

Estimated Date of Discharge: _____

Diagnosing Practitioner Signature: _____

Staff Member Completing Form: _____

Data Entry Date: _____ By: _____

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Behavioral Health and Recovery Services

DIAGNOSIS / PERIODIC UPDATE FORM

Client Name: _____

Number: _____

Confidential Patient Information:
See California Welfare and Institutions Code Section 5328

Diagnosis/Periodic Update

This form has four separate purposes:

Admission to Cost Center-for new cases and reopened cases all pages must be completed. This will record the staff person responsible for the case; record all necessary CSI reporting elements and the diagnosis

Annual/Periodic Update-for open cases that have had a change in diagnosis, special population or living arrangement during the year or on annual basis for ongoing cases.

Discharge-for cases that are not continuing services within the department. If the client will be receiving ongoing services by another provider transfer the case, the discharge is not required.

Transfer Assignment of Case-all open cases will be assigned to one primary staff for services. Cases may be assigned other staff but the primary will be responsible for all plan updates.

All forms must be returned to Medical Records prior to filing in the chart for entry into the client database system. Forms will be returned to the chart after completion of entry.

For openings, discharges and annual updates all pages of the form must be completed. If an opening is completed by staff that are not the diagnosing practitioner and an assessment is still needed please note on page three that the diagnosis is not complete. The staff responsible for the assessment will then be responsible for a diagnosis update upon completion of the assessment. It is vital to have the correct diagnosis recorded in the client database for appropriate billing. If a diagnosis update is needed outside of the annual update period only page three of the form is required.

For transfer of caseload outside of the annual update period, page 1 will be the only page necessary for completion. Return the completed page to Medical Records.

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DIAGNOSIS / PERIODIC UPDATE FORM

Location:\Share\forms\
DIAGNOSIS-PERIODIC-UPDATE-REV 6-13.doc

Client Name: _____

Number: _____

Confidential Patient Information:
See California Welfare and Institutions Code Section 5328