|  |  |
| --- | --- |
| 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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)

|  |
| --- |
|  |

**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: