

Problem List

Mental Health Individual Provider (MHIP)

Client First and
Last Name:

Date of Birth:

Medical Record #:

Provider's Full
Name and
Credentials :

Instructions:

- The Problem List is a dynamic log and should be updated as new problems are identified or existing problems are deferred or resolved.
- Field Details:
 - Identified by Beneficiary or Support = Relevant conditions outside the scope of the behavioral health clinician can be documented if reported by beneficiary (e.g. medical conditions)
 - Description = ICD-10 description
 - Begin Date = Date the problem is added to list
 - End Date = Date the problem is deferred or resolved
 - Added By and Ended By = Full Name of person editing the Problem List. If only one provider is utilizing this template, enter the provider's initials.
 - Job Title/Credentials = Title and credentials of the person editing the Problem List. If only one provider is utilizing this template, use N/A.
- By adding your initials or name to the Added By and Ended By fields, you are attesting that to the best of your knowledge, the information you entered is accurate.

Problem Number	Identified by Beneficiary or Support	ICD-10 Code	Description	Begin Date	Added By	Job Title/ Credentials	End Date	Ended By	Job Title/ Credentials
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								

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Problem Number	Identified by Beneficiary or Support	ICD-10 Code	Description	Begin Date	Added By	Job Title/ Credentials	End Date	Ended By	Job Title/ Credentials
5	<input type="checkbox"/>								
6	<input type="checkbox"/>								
7	<input type="checkbox"/>								
8	<input type="checkbox"/>								
9	<input type="checkbox"/>								
10	<input type="checkbox"/>								
11	<input type="checkbox"/>								
12	<input type="checkbox"/>								
13	<input type="checkbox"/>								