

Data Entry Initials: \_\_\_\_\_

Effective Date: \_\_\_\_\_

# Diagnosis Document (Client)

**SmartCare Client ID:** \_\_\_\_\_

**\*Program Name:** \_\_\_\_\_

Confidential Patient Information  
See Welfare & Institution Code 5328

**Client Name:** **Last** \_\_\_\_\_ **First** \_\_\_\_\_

**MI:** \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

**Highlighted** fields with asterisks are required.  
Complete this form only if there is a diagnosis.

**Enter diagnostic codes including the decimal point: example, 296.44. Some codes start with a "letter" in the initial digit: example, V71.09. Indicate the diagnosis type as *primary* or *additional*, complete as appropriate.**

**Diagnosis 1:**

**\*ICD10 Code:** \_\_\_\_\_

**Description:** System informational data field only

**Rule Out** Field not used

**\*Type:**  Primary  Additional

**Specifier:** Field not used

**Severity:** Field not used

**Source/Clinical Staff Name:** \_\_\_\_\_

**Remission:** Field not used

**Order:** \_\_\_\_\_

**\*Billable:**  Yes  No

Comments: \_\_\_\_\_ (Optional)

**Diagnosis 2:**

**\*ICD10 Code:** \_\_\_\_\_

**Description:** System informational data field only

**Rule Out** Field not used

**\*Type:**  Primary  Additional

**Specifier:** Field not used

**Severity:** Field not used

**Source/Clinical Staff Name:** \_\_\_\_\_

**Remission:** Field not used

**Order:** \_\_\_\_\_

**\*Billable:**  Yes  No

Comments: \_\_\_\_\_ (Optional)

**Diagnosis 3:**

**ICD10 Code:** \_\_\_\_\_

**Description:** System informational data field only

**Rule Out** Field not used

**\*Type:**  Primary  Additional

**Specifier:** Field not used

**Severity:** Field not used

**Source/Clinical Staff Name:** \_\_\_\_\_

**Remission:** Field not used

**Order:** \_\_\_\_\_

**\*Billable:**  Yes  No

Comments: \_\_\_\_\_ (Optional)

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**Diagnosis List:** Section not used

**Psychosocial, Environmental, and Other Factors:** Section not used

**Level of Functioning Score:** Section not used

**Signature:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_ (MM/DD/YYYY)