

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)

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)