



MH Diagnosis

Client Information:

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____

CMBHS ID: _____ Local Case Number: _____ Component: _____ Location: _____

General Information:

Diagnosis Date: __/__/____ Diagnosis Time: __/__/__ AM PM DSM Version: _____

Principal Diagnosis: Axis I Axis II Reason for Action: _____ ICD Version: _____

Axis I Information:

Diagnosis Deferred On Axis I -799.9

No Diagnosis or Condition On Axis I v71.09

Level	Diagnosis
Level 1	
Level 2	
Level 3	
Level 4	
Level 5	
Level 6	

Axis II Information:

Diagnosis Deferred On Axis II -799.9

No Diagnosis or Condition On Axis II v71.09

Level	Diagnosis
Level 1	
Level 2	
Level 3	
Level 4	

Axis III Information:

Diagnosis Deferred

None

Axis III Date: __/__/____

Level	Diagnosis
Level 1	
Level 2	
Level 3	
Level 4	
Level 5	
Level 6	

Axis IV Information:**Diagnosis**

A - Problems with primary support group

B - Social environment

C - Educational problems

D - Occupational problems

E - Housing problems

F - Economic problems

G - Problems with access to health care

H - Problems in interaction with legal services

I - Other Psychosocial and Environmental Problems

J - None

Axis V Information: Diagnosis: _____

Past Year Diagnosis: _____