ADMISSION & DIAGNOSIS

Client Name _____ **Client ID** _____ **Annual Update** ☐

Admission Mode ☐ Internal

Admission Date		Admission Reason	
System of Care	☐MH ☐ADP ☐MCO	Admission Type	
Facility Name		Facility ID	
Program Name		Program ID	
Primary Service Provider		Primary Service Prov ID	
Physician		Physician ID	
Service Coordinator		Service Coordinator ID	
Place of Contact		Primary Record Holder	☐Yes ☐No
First Illness Date		Special Program Code	
Referred From 1		Referred From 2	
Referring Physician Last		Referring Physician First	
Referring Physician UPIN #		Referring Physician Prov ID	
Referring Facility Name		Referring Facility ID	

Codependent/Significant Other ☐Yes ☐No

Notes _____

Update Rankings ☐Yes ☐No

	Code	Description	Primary	Secondary	Tertiary	Ruled Out	Resolved
Axis I			☐	☐	☐	☐	☐
Axis I			☐	☐	☐	☐	☐

Update Rankings ☐Yes ☐No

	Code	Description	Primary	Secondary	Tertiary	Ruled Out	Resolved
Axis II			☐	☐	☐	☐	☐
Axis II			☐	☐	☐	☐	☐

Axis III ICD Code _____ Description _____ Comments _____

Axis III ICD Code _____ Description _____ Comments _____

AXIS IV	Present	Specific Problem		Present	Specific Problem
Primary Support Group	☐		Financial Stressors	☐	
Social Environment	☐		Work Stressors	☐	
Educational Problems	☐		Housing stressors	☐	
Access to Health Care	☐		Legal Stressors	☐	

Other Stressors _____

AXIS V GAF Score _____ Period _____

Diagnosed by _____ ID _____

Begin Date _____ Begin Time _____ End Date _____ End Time _____

Comments _____

Does the consumer have a substance abuse problem ☐Yes ☐No Discharge Diagnosis? ☐ Yes

ADMISSION / DISGNOSIS

CLINICAL / ADP / CBO 3 / 28 / 2007

ADMISSION & DIAGNOSIS: Located in ShareCare: Main Menu / Clinical / Admission