

## San Mateo County Mental Health Services

## **Notice of Revised Diagnosis**

## "CONFIDENTIAL PATIENT INFORMATION:

See California Welfare and Institutions Code Section 5328"

CLIENT	MH #	-	_DATE_		
_	osis and enter numerical code is specify one Primary & "S" to s	specify a Sec		Diagnos	is.
AXIS I (Describe using DSM-IV of	or DC 0-3 Nomenclature.)	DC 0-3	DSM IV	ICD 9	P/S
AXIS II (Describe using DSM-IV	or DC 0-3 Nomenclature.)	DC 0-3	DSM IV	ICD 9	P/S
AXIS III (MDs may use ICD-9.)					
Other Factors Significantly Affe	=		Yes, No or		
, ,	ves, specify in an Axis I Diagnos	•	No	Unkno	
Developmental Disab		Yes	No	Unkno	
Physical Health Disor  AXIS IV Check any problem(s) n		Yes	No S current di	Unkno sorder	wn
Problems with Primary Sup		to the chefft.	5 Current ai	301461.	
Problems Related to the So	•				
Educational Problems	ciai Environment				
Occupational Problems					
Housing Problems					
<u> </u>	ccess to Health Care Services				
	ction with the Legal System/Cri	ma			
Other Psychosocial and En	<u> </u>	110			
Unknown	viioninonai i robionio				
AXIS V/GAF $\rightarrow$ $\rightarrow$	→ → Enter curren	t level of fund	tioning:		
See progress note dated	for clinical formula	tion leading to	o this chan	ge of dia	gnosis.
horized Clinical Staff (Print)	Date Assessor's Name	and Disciplin	ne (Print)		Date
		=p	()		24.0
horized Clinical Staff Signature		Assessor's Signature and Discipline  Assessor must be a MD, Licensed/Waivered Psychologist, licensed/Regis			
	LCSW, MFT, or RN, MS completed assessment, sign for assessments p	. (At minimum the and providing the	e assessor is e diagnosis. <b>A</b>	responsible	e for reviewin

Administrative Support: After data entry, file in chart with assessments.