

Shasta County HHS

Program Diagnosis and Discharge Form

Admission Update Discharge

Date: _____ Program: _____

Staff Name: _____ Staff Code: _____

Disorders and Conditions (Enter ICD-10 Code and Diagnosis Name)

Psychosocial & Environmental (Enter ICD-10 Code and Diagnosis Name)

Summarize General Medical Conditions

CSI Reporting

Any Physical Health Disorders affecting mental health?

Yes No Unknown

Any Developmental Disabilities affecting mental health?

Yes No Unknown

Trauma Yes No Unknown

Substance Abuse Yes No Unknown

Substance Abuse Diagnosis: _____

Discharge Summary Only

Reason for Discharge

Client Status Code

Client Legal Class

Program Diagnosis /Program Discharge Form

| | | | |
|---------|-------|-----|-------|
| Client | _____ | | |
| Chart # | _____ | DOB | _____ |