MH 501
Revised 1/5/09

DIAGNOSIS INFORMATION

Type of Diagnosis Information:

☐ Admission Diagnosis ☐ Clerical Revision to Admission Diagnosis ☐ Clerical Revision to Current Diagnosis
☐ Clinical Update to Current Diagnosis ☐ Other (please specify): _____

New/Updated Diagnosis: (include full *Current* Five Axes Diagnosis)

Note: The medication monitoring computer program will compare both the Principle and Secondary Diagnosis with any prescribed medication. A diagnosis consistent with the usual use of a given medication MUST appear as either the Principle or Secondary Diagnosis in the current/discharge diagnosis fields of the IS. If a diagnosis is inconsistent for the usual use of a medication, the medication MUST be specifically authorized through review and approval procedures.

Axis I ☐ Prin ☐ Sec Code _____ Nomenclature _____
(Medications cannot be prescribed with a deferred diagnosis)
☐ Sec Code _____ Nomenclature _____
Code _____ Nomenclature _____
Code _____ Nomenclature _____
Code _____ Nomenclature _____

Axis II ☐ Prin ☐ Sec Code _____ Nomenclature _____
☐ Sec Code _____ Nomenclature _____
Code _____ Nomenclature _____

Axis III _____ Code _____
_____ Code _____
_____ Code _____

Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis
Check as many as apply:
1. ☐ Primary Support Group 2. ☐ Social Environment 3. ☐ Educational 4. ☐ Occupational
5. ☐ Housing 6. ☐ Economics 7. ☐ Access to Health Care 8. ☐ Interaction with Legal System
9. ☐ Other Psychosocial/Environmental 10. ☐ Inadequate information

Axis V Current GAF: _____ DMH Dual Diagnosis Code: _____

Justification:

☐ See Initial Medication Support Service dated _____ ☐ See Assessment Addendum dated _____
☐ Justification from current Diagnostic Manual:

_____ _____ _____ _____
Signature & Discipline Date Co-signature & Discipline (when required) Date

☐ Diagnosis has been entered in the IS by _____ (initials) on _____ (date).

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: **IS#:**
Agency: **Provider #:**
Los Angeles County – Department of Mental Health

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