

Diagnosis Sheet

Make all applicable diagnoses, including substance-related diagnoses. P before principal diagnosis if not listed first.

DATE: _____

ICD-10 Code

ICD-10 Name

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CLINICIAN

_____	_____	_____
Date	Signature	Printed Name

PERSON AUTHORIZED TO DIAGNOSE (if clinician is not so authorized)

_____	_____	_____
Date	Signature	Printed Name

Any Change in Diagnosis Requires Complete Re-Write Below. (See ID note for explanation and justification.)

DATE: _____

ICD-10 Code

ICD-10 Name

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CLINICIAN

_____	_____	_____
Date	Signature	Printed Name

PERSON AUTHORIZED TO DIAGNOSE (if clinician is not so authorized)

_____	_____	_____
Date	Signature	Printed Name

DIAGNOSIS
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Info.
See W&I Code 5328

NAME:
CHART NO:
DOB:
PROGRAM: