

# Diagnosis Sheet

Indicate all applicable diagnoses below, including substance-related diagnoses. Put principle diagnosis on the first line, and then include all other diagnoses below.

DATE: \_\_\_\_\_

DSM-5/ICD-10 Code

DSM-5/ICD-10 NAME

|               |       |
|---------------|-------|
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |

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: \_\_\_\_\_

DSM-5/ICD-10 Code

DSM-5/ICD-10 NAME

|               |       |
|---------------|-------|
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |
| _____ / _____ | _____ |

CLINICIAN

\_\_\_\_\_  
Date Signature Printed Name

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

\_\_\_\_\_  
Date Signature Printed Name

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

**NAME:**  
**CHART NO:**  
**DOB:**  
**PROGRAM:**