1127b Contract Provider Diagnosis Form

Client Name

Client ID Number

Type of Diagnosis

Admission Discharge Onset Update

Date of Diagnosis

Diagnosing Practitioner

Time of Diagnosis

Organization Please Select

Primary Diagnosis Mental Health Please Select

Status

Active Working Rule-out Resolved Void

Substance Abuse/Dependence (CSI)

Yes No Unknown/Not Reported

Secondary Diagnosis Substance Use Disorder (CSI) Please Select

Status

Active Working Rule-out Resolved Void

General Medical Condition Summary Code (CSI) (choose as many as needed)

Please Select	Please Select
Please Select	Please Select
Please Select	Please Select

Trauma (CSI)

Yes No Unknown/Not Reported