

**Shasta County HHS**

**Program Diagnosis and Discharge Form**

Admission     Update     Discharge

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Diagnosing LPHA Name and Title: \_\_\_\_\_ Staff Code: \_\_\_\_\_

**Mental Health Disorders and Psychosocial & Environmental Factors** (Enter ICD-10 Code and Diagnosis Name)  
(Include all codes listed on the Problem List)

**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	_____