

CLIENT DIAGNOSIS FORM

GENERAL PROCEDURES

The Diagnosis Form is completed for each client admitted or readmitted into a treatment program to assist in developing a treatment plan based on DSM criteria.

This form is to be completed in conjunction with the Drug Matrix Form.

CLIENT DIAGNOSIS DATA

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

ACCOUNT NUMBER: This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

PROGRAM #: Three-digit identifier assigned to your facility by AMDD. See code list in Appendix A (Section 25) for a complete list of valid values.

FACILITY NUMBER: Three-digit number assigned to all facilities connected to a program, including the main facility. These numbers are assigned by provider staff.

SUBSTANCE ABUSE OR SUBSTANCE DEPENDENCE DIAGNOSIS

Complete **one** of the following two sections diagnosing **either** substance abuse or substance dependence.

SUBSTANCE ABUSE

A. HAS THE CLIENT EXPERIENCED THE FOLLOWING: Mark "*Yes*" or "*No*" for each of the following symptoms.

1. Recurrent failure to meet important responsibilities due to use?
2. Recurrent use in situations when this is likely to be physically dangerous?
3. Recurrent legal problems from use?
4. Recurrent problems aggravated by the substance use?

B. HAVE ANY OF THE ABOVE SYMPTOMS OCCURRED WITHIN A 12 MONTH PERIOD? Mark "*Yes*" or "*No*".

C. CLIENT HAS NEVER MET THE CRITERIA FOR DEPENDENCE: Mark "*Yes*" or "*No*".

SUBSTANCE ABUSE COMMENTS: Interviewer notes.

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SUBSTANCE DEPENDENCE

HAS THE CLIENT EXPERIENCED THE FOLLOWING: Mark “Yes” or “No” for each of the following symptoms.

1. Tolerance (needing more to become intoxicated or discovering less effect with the same amount)?
2. Withdrawal (characteristic withdrawal associated with type of drug)?
3. Using more for longer periods than intended?
4. Desire to or unsuccessful efforts to cut down?
5. Considerable time spent obtaining the substance or using, or recovering from its Effects?
6. Important social, work, or recreational activities given up because of use?
7. Continued use despite knowledge of problems caused by or aggravated by use?

HAVE THESE POSITIVE ITEMS (IN 1-7) BEEN PRESENT DURING THE SAME 12-MONTH PERIOD? Mark “Yes” or “No”.

SUBSTANCE DEPENDENCE COMMENTS: Interviewer notes.

DIAGNOSIS/CO-OCCURRING

DSM-IV – Diagnosis

Indicators: One of the two Indicators must be ‘Y’. These indicate whether the client is Abuse or Dependent based on the prior two tabs. If both of them are ‘N’, the record will not be accepted as a TEDS record.

Diagnosis: Enter the DSM-IV diagnosis code and/or description for this client based on the information on the Drug Matrix Form; the diagnosis of either substance abuse or substance dependency; and any other diagnostic information you have.

Co-Occurring/Diagnosis Codes

MH Treatment Plan: Mark “Yes” or “No” to indicate if a Mental Health treatment plan for the client has already been developed by another program for his/her co-occurring diagnosis.

Co-occurring Condition: Mark “Yes” or “No” to indicate if the client has a co-occurring condition. If “yes” enter at least one diagnosis axis value from the diagnoses listed below. The term **co-occurring disorders** (COD) refers to co-occurring substance-related and mental disorders. Clients are said to have COD have one or more substance-related disorders as well as one or more mental disorders (SAMHSA). Mark up to three separate values in the spaces provided.

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- Adjustment Disorders
- Amnesic Disorder
- Anxiety Disorder
- Disorder Due to a general medical cond.
- Dissociative Disorders
- Eating Disorders
- Hyperkinetic Disorders
- Impulse Control Disorders
- Mood Disorder
- Organic or Cognitive Disorders
- Other Psychotic Disorder
- Personality Disorder
- Pervasive Developmental Disorder NOS
- Posttraumatic Stress Disorder
- Schizophrenic Disorder
- Sexual Disorders
- Sleep Disorders
- Somatoform Disorders