

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS  
 DIAGNOSIS UPDATE

**Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **Case:** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Current Admission** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Primary Program:** \_\_\_\_\_  
**Case Holder:** \_\_\_\_\_

**Diagnosis Update Form**

**Date**

[Use Current Date](#)

**Reason for updating the Consumer's current diagnosis**

characters left: 30000



	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
Sec				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
Ter				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>

**Substance Abuse Diagnoses**

**AXIS I**

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
			Specifier / Status Detail: <input type="text"/>		
Sec				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
			Specifier / Status Detail: <input type="text"/>		
Ter				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
			Specifier / Status Detail: <input type="text"/>		

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
Sec				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>
Ter				<input type="text"/> <a href="#">Use Current Date</a>	<input type="text"/>

**AXIS II**

	ICD-9	DSM-IV	Description	Status Date	Status
Pri				<input type="text"/> <a href="#">Use Current Date</a>	Active <input type="text"/>
Sec				<input type="text"/> <a href="#">Use Current Date</a>	Active <input type="text"/>
Ter				<input type="text"/> <a href="#">Use Current Date</a>	Active <input type="text"/>

**AXIS III**

- AXIS IV**
- |   |   |
|---|---|
| <input type="checkbox"/> Economic problems            | <input type="checkbox"/> Problem with primary support group               |
| <input type="checkbox"/> Problem accessing healthcare | <input type="checkbox"/> Problem related to social environment            |
| <input type="checkbox"/> Educational problems         | <input type="checkbox"/> Problem related to interaction with legal system |
| <input type="checkbox"/> Occupational problems        | <input type="checkbox"/> Other psychosocial and environmental problems    |

Housing problems

Behavioral / Personality issues

AXIS V

Current GAF

Date

[Use Current Date](#)

[Show Functional Assessment Measure History](#)

Diagnostic Formulation

characters left: 4096

Co-Occurring Consumer Quadrant

Co-Occurring Consumer Quadrant Comments

Additional Information / Help

characters left: 1024

Diagnosis Made By (Name/Credentials)

Diagnosis Effective Date

[Use Current Date](#)

History of Diagnosis [lookup](#)

Last Updated

### Electronic Signatures

Staff Signature Required By [lookup](#)

Physician Signature [lookup](#) [clear](#)

Required only if Axis I or II is being modified

[✓ Spell Check](#)

SAVE

CANCEL

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