**Client Name:** Click here to enter text. **Client ID:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

**Type of Diagnosis:** Choose an item. **Date of Diagnosis:** Click here to enter a date.

**Time of Diagnosis:** Click here to enter text. **Diagnosing Practitioner:** Click here to enter text.

**Diagnosis:** Click here to enter text.

**Status:** Choose an item.

**Ranking:** Choose an item. **Bill Order:** Click here to enter text.

**Add to problem list:** Choose an item. **Estimated Onset Date:** Click here to enter a date.

**Remarks:** Click here to enter text.

**ADDITIONAL DIAGNOSIS INFORMATION**

**Estimated Discharge Date:** Click here to enter a date.

**Trauma (CSI):** Choose an item.

**General Medical Condition Summary Code (CSI):**

1. Choose an item.
2. Choose an item.
3. Choose an item.

**Substance Abuse (CSI):** Choose an item.

**Substance Abuse Diagnosis (CSI):** Click here to enter text.