

DIAGNOSTIC ELEMENT

REPORT AND CLIENT INFORMATION

Report and Client Identifier

(See CDER Manual-Overview section pg. 14)

1. **Reporting Date**

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M M D D Y Y

2. **Client Identifier**

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3. **Client Birthdate**

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M M D D Y Y

4. **Sex**

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M=Male
F=Female

5. **Height**

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inches

6. **Weight**

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pounds

7. **Date Weighed**

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M M Y Y

Client Locator

(See CDER Manual-Overview section pg. 16)

8. **Program**

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9. **Section**

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10. **Unit**

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FORM PREPARATION INFORMATION

Physician: _____
Name Signature Title

Psychologist: _____
Name Signature Title

CPC/Team Leader
or other person
completing form: _____
Name Signature Title

AUTISM SPECTRUM DISORDER (See CDER Manual-Diagnostic section pg. 31)

If the consumer has Autistic Spectrum Disorder, code "1" in Item 23a. Enter the ICD-10-CM etiology code(s) in Items 24a/24b for the specified condition.

Rett Syndrome and Childhood Disintegrative Disorder are **NOT** recorded in this section; those disorders are appropriately recorded under the Intellectual Disability or Epilepsy Sections.

<p>Presence of Autism Spectrum Disorder</p> <p>23a. <input type="text"/> <input type="text"/></p> <p>0 None (No Diagnosis)</p> <p>1 Autism Spectrum Disorder</p>	<p style="text-align: center;">Etiology (ICD-10-CM Code)</p> <p>24a. <input type="text"/> <input type="text"/></p> <p>24b. <input type="text"/> <input type="text"/></p>
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<p>25. <input type="text"/> <input type="text"/></p> <p style="text-align: center;">M M Y Y</p> <p>Date of Diagnosis</p>	<p>26. <input type="text"/> <input type="text"/> Condition Impact</p>
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EPILEPSY/SEIZURE DISORDERS (See CDER Manual-Diagnostic section pg 37)

If the consumer has only one type of seizure, record it in 27a and also complete 27b and 27c for that type. If the consumer has more than one type of seizure, record the other types in 28a and 29a and complete b and c Items for these other types.

<p>Type of Seizure</p> <p>27a. <input type="text"/> <input type="text"/> 28a. <input type="text"/> <input type="text"/> 29a. <input type="text"/> <input type="text"/></p> <p>0 Does not have seizure disorder</p> <p>1 Partial, Simple</p> <p>2 Partial, Complex</p> <p>4 Generalized, Absence (Petit Mal)</p> <p>6 Generalized, Infantile Spasms</p> <p>7 Generalized, Tonic-Clonic (Grand Mal)</p> <p>9 Other/Unclassified Seizures</p>	<p>Seizure Frequency</p> <p>27b. <input type="text"/> <input type="text"/> 28b. <input type="text"/> <input type="text"/> 29b. <input type="text"/> <input type="text"/></p> <p>1 History of seizures, none in two years</p> <p>2 History of seizures, none in one year</p> <p>3 One to six per year</p> <p>4 Seven to eleven per year</p> <p>5 One per month (approximate)</p> <p>6 One per week (approximate)</p> <p>7 One per day (approximate)</p> <p>8 More than one per day</p> <p>9 Frequency Undetermined</p>
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<p>27c. <input type="text"/> <input type="text"/> Condition Impact</p>	<p>28c. <input type="text"/> <input type="text"/> Condition Impact</p>	<p>29c. <input type="text"/> <input type="text"/> Condition Impact</p>
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<p style="text-align: center;">Etiology ICD-10-CM Code</p> <p>30a. <input type="text"/> <input type="text"/></p>	<p style="text-align: center;">Consumer takes anticonvulsant medication</p> <p>31. <input type="text"/> <input type="text"/> 1 = Yes 2 = No</p>
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<p>30b. <input type="text"/> <input type="text"/></p>	<p style="text-align: center;">Status Epilepticus</p> <p>32. <input type="text"/> <input type="text"/> Has the consumer had Status Epilepticus in the past year?</p> <p>1 = Yes 2 = No 3 = Unknown</p>
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OTHER TYPE OF DEVELOPMENTAL DISABILITY (See CDER Manual-Diagnostic section pg. 44)

Use this section to identify any developmental disability(ies) other than those listed above (intellectual disability, cerebral palsy, etc.). "Other" developmental disabilities are conditions which are similar or closely related to intellectual disabilities or which require treatment similar to that required for individuals with intellectual disabilities.

33. Other Disability: Yes No

	Type of Other Disability (ICD-10-CM Code)	Etiology (ICD-10-CM Code)
33a. _____ (Specify)	_ _ _ _ _ _ _ _	33a. _ _ _ _ _ _ _ _
33b. _____	_ _ _ _ _ _ _ _	33b. _ _ _ _ _ _ _ _

RISK FACTOR (for use in Etiology Items 12a-b, 18a-b, 24a-b, 30a-b, and 34a-b) (See CDER Manual-Diagnostic section pg. 46)

1 = Yes 2 = No 9 = Unknown

Indicate whether each of the following factors was associated with the client's developmental disability(ies), as specified above. Code "1" for Yes if there are reasonable data to suggest the disability was associated with or significantly impacted by the factor. Code "2" for No if the factor does not pertain to the disability and Code "9" for an unknown association.

35. _ _ Low birth weight or preterm labor with complications	43. _ _ Drug or alcohol abuse
36. _ _ Teenage pregnancy (17 years and younger)	44. _ _ Psychosocial (environmental) deprivation
37. _ _ Maternal age 35 years or older at time of delivery	45. _ _ Family history of mental retardation
38. _ _ Accidents of near drowning	46. _ _ Child abuse or neglect
39. _ _ Accidents involving an automobile	47. _ _ Other Causes
40. _ _ Accidents involving other types of vehicles	48. _ _
41. _ _ Accidents of other types	49. _ _
42. _ _ Environmental toxins (pesticides, lead, etc.)	

PSYCHIATRIC DISORDERS (See CDER Manual-Diagnostic section pg. 48)

If applicable, enter below the diagnosis(es) that describes the client's psychiatric disorder. If the client does not have a psychiatric disorder, enter "0" in Item 50a and leave 51a-53c blank. Use DSM5 codes for the mental disorders. Do not enter developmental disability diagnosis(es), including Autism Spectrum Disorder here.

Type of Psychiatric Disorder (DSM5 Code)

	Date of Last Evaluation	Condition Impact
50a. _____	50b. _ _ _ _ M M Y Y	50c. _ _
51a. _____	51b. _ _ _ _ M M Y Y	51c. _ _
52a. _____	52b. _ _ _ _ M M Y Y	52c. _ _
53a. _____	53b. _ _ _ _ M M Y Y	53c. _ _

CHRONIC MAJOR MEDICAL CONDITION(S) (See CDER Manual-Diagnostic section pg. 53)

List below major chronic, recurrent medical problems, other than developmental disability, that have significant impact on the client's service provision (i.e., diabetes, heart condition, chronic U.R.I., hepatitis, etc.). If there is no medical condition, enter 00 in Item 54a and leave Items 55a-59b blank.

Condition Type(s) (Specify)	Condition (ICD-10-CM Code)	Condition Impact
54a. _____	_____	54b. __
55a. _____	_____	55b. __
56a. _____	_____	56b. __
57a. _____	_____	57b. __
58a. _____	_____	58b. __
59a. _____	_____	59b. __

OTHER DIAGNOSTIC INFORMATION

HEARING (See CDER Manual-Diagnostic section pg. 57)

60. |__| **Level of Hearing Loss Uncorrected**
- 0 Hearing within normal limits
 - 1 Mild to moderate hearing loss (hard of hearing)
 - 2 Severe hearing loss
 - 3 Profound hearing loss
 - 4 Hearing loss, one ear
 - 9 Hearing loss suspected, severity undetermined

61. |__| **Level of Hearing Loss Corrected**
- 0 Hearing within normal limits
 - 1 Mild to moderate hearing loss
 - 2 Severe hearing loss
 - 3 Profound hearing loss
 - 8 Correction not possible
 - 9 Hearing not corrected

VISION (See CDER Manual-Diagnostic section pg. 59)

62. |__| **Level of Vision Loss Uncorrected**
- 0 Vision within normal limits
 - 1 Mild impairment
 - 2 Moderate impairment
 - 3 Severe impairment (legally blind)
 - 4 Total blindness (no light perception)
 - 5 Vision loss, one eye
 - 9 Vision loss suspected, severity undetermined

63. |__| **Level of Vision Loss Corrected**
- 0 Vision within normal limits
 - 1 Mild impairment
 - 2 Moderate impairment
 - 3 Severe impairment
 - 8 Correction not possible
 - 9 Vision not corrected

BEHAVIOR MODIFYING DRUGS (See CDER Manual-Diagnostic section pg. 62)

Types of Prescribed Medication for Maladaptive Behavior

1 = Yes 2 = No

64. Antipsychotic

65. Antidepressant

66. Antianxiety

67. Sedative / Hypnotic

68. Stimulant

69. Other Psychotropic Drug

70. **History of Prescribed Medication for Maladaptive Behavior**

(Do not include medications given only for seizures, sedatives given for examinations or clinics, etc., or medications given on an infrequent PRN basis.)

1 Currently receiving one or more prescribed medication(s)

2 Medication(s) discontinued within six months

3 Medication(s) discontinued more than six months but less than one year

4 Medication(s) discontinued more than one year but less than four years

5 Has not received medication(s) during past four years

6 No known documented history of receiving medication(s)

ABNORMAL INVOLUNTARY MOVEMENTS (See CDER Manual-Diagnostic section pg. 65)

(COMPLETE FOR DEVELOPMENTAL CENTER CLIENTS ONLY)

Types of Involuntary Movements

1 = Yes 2 = No

71. Parkinsonism

72. Dystonia

73. Dyskinesia

74. Akathisia

75. Paroxysmal

SPECIAL HEALTH CARE REQUIREMENTS (See CDER Manual-Diagnostic section pg. 66)

If the client has special health care requirements, enter the codes for these requirements in Items 76-85. Up to 10 special health care requirements can be entered. If the client has no special health care requirements, enter "0" in Item 76 and leave Items 77-85 blank.

76.

77.

78.

79.

80.

81.

82.

83.

84.

85.

SPECIAL CONDITIONS OR BEHAVIORS (See CDER Manual-Diagnostic section pg. 71)

OPTIONAL: For use in rate justification for out-of-home or day program placement; complete for clients as necessary. Code 1 = Yes **ONLY** if external documentation of the given condition / behavior exists. If the answer to a particular item is unknown, use code 3.

1 = Yes 2 = No 3 = Unknown

- 86. Does the client display maladaptive sexual behavior?
 - 87. Has the client engaged in any assaultive behaviors that have or could have resulted in serious bodily injury or death?
 - 88. Has the client attempted suicide in the past five years?
 - 89. Does the client habitually engage in theft?
 - 90. Has the client participated in acts of vandalism or other acts of property destruction?
 - 91. Has the client been convicted of any substance-abuse or alcohol-abuse related offenses?
 - 92. Does the client have a recent history of abusing drugs or alcohol?
 - 93. Does the client have a history of habitual lying?
 - 94. Does the client display behaviors which could result or have resulted in fire setting?
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SPECIAL LEGAL CONDITIONS (See CDER Manual-Diagnostic section pg. 72)

Please complete for each client.

1 = Yes 2 = No

- 95. Is the client currently on probation, county or state parole, or commitment under Penal Code or Welfare and Institutions Code sections relating to a criminal offense?
 - 96. Is the client currently on Diversion pursuant to Penal Code sections 1001.20 et seq.?
 - 97. Is the client currently a person within the provisions of Welfare and Institutions Code sections 6500 et seq. (dangerous mentally retarded individual committed by the court)?
 - 98. Is the client currently under a Lanterman-Petris-Short (mental health) conservatorship?
 - 99. Is the client currently a conservatee under the Probate Code (conserved because client is unable to make informed application and consent to treatment)?
 - 100. Is the client currently a dependent child of the Court (Welfare and Institutions Code section 300 et seq.)?
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