



DIAGNOSES

Click on Diagnoses to view a grid of a client's diagnoses records

| |
|---------------------|
| Client: TEST, JOE |
| Face Sheet: \$0.00 |
| Events |
| Appointment History |
| Address History |
| Contacts |
| Status History |
| Transactions |
| Assets |
| Tasks |
| Liabilities |
| Annual Reports |
| Diagnoses |
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The default view is a grid of all diagnoses records for the client. Click Insert to create a new diagnoses

Diagnoses

Insert Mental Health/Physical Health Record

Save Save and Re-Insert

| Health Record | |
|---------------------|----------------------|
| Health Record Type: | <input type="text"/> |
| Comments: | <input type="text"/> |

Save Save and Re-Insert

The Health Record Type is a required field with the following dropdown values. The page will update with the appropriate check boxes for the select Axis (you must select the value from the dropdown and then click out of the Health Record Type field



- Axis I - Clinical Disorders (includes learning disorders and developmental disabilities)
- Axis II - Personality Disorders/Intellectual Disability
- Axis III - Medical or Physical Conditions

AXIS I

Diagnoses

Test System

Insert Mental Health/Physical Health Record

Save Save and Re-Insert

| Health Record | |
|---|---|
| Health Record Type: Axis I - Clinical Disorders (includes learning disorders and developmental disabilities) ▼ | |
| <input type="checkbox"/> Adjustment Disorder with Anxiety <input type="checkbox"/> Adjustment Disorder with Disturbance of Conduct <input type="checkbox"/> Adjustment Disorder with Mixed Disturbance of Emotions and Conduct <input type="checkbox"/> Anxiety Disorder, Acute Stress Disorder <input type="checkbox"/> Anxiety Disorder, Agoraphobia without History of Panic Disorder <input type="checkbox"/> Anxiety Disorder, Generalized Anxiety Disorder <input type="checkbox"/> Anxiety Disorder, Obsessive Compulsive Disorder <input type="checkbox"/> Anxiety Disorder, Panic Attack with Agoraphobia <input type="checkbox"/> Anxiety Disorder, Panic Disorder without Agoraphobia <input type="checkbox"/> Anxiety Disorder, Social Phobia <input type="checkbox"/> Anxiety Disorder, Substance Induced Anxiety Disorder <input type="checkbox"/> Cognitive Disorder, Delirium due to Multiple Etiologies <input type="checkbox"/> Cognitive Disorder, Dementia due to Creutzfeldt - Jakob Disease <input type="checkbox"/> Cognitive Disorder, Dementia due to HIV Disease <input type="checkbox"/> Cognitive Disorder, Dementia due to Multiple Etiologies <input type="checkbox"/> Cognitive Disorder, Dementia due to Pick's Disease <input type="checkbox"/> Cognitive Disorder, Delirium due to General Medical Condition <input type="checkbox"/> Cognitive Disorder, Amnesic Disorder Not Otherwise Specified <input type="checkbox"/> Cognitive Disorder, Dementia Not Otherwise Specified <input type="checkbox"/> Cognitive Disorder, Substance Induced Persisting Delirium <input type="checkbox"/> Cognitive Disorder, Vascular Dementia <input type="checkbox"/> Dissociative Disorder, Depersonalization Disorder <input type="checkbox"/> Dissociative Disorder, Dissociative Fugue <input type="checkbox"/> Dissociative Disorder Not Otherwise Specified <input type="checkbox"/> Eating Disorder, Anorexia Nervosa <input type="checkbox"/> Eating Disorder Not Otherwise Specified <input type="checkbox"/> Factitious Disorder with Combined Psychological and Physical Signs and Symptoms <input type="checkbox"/> Factitious Disorder with Predominantly Psychological Signs and Symptoms <input type="checkbox"/> Impulse Control Disorder, Pathological Gambling <input type="checkbox"/> Impulse Control Disorder, Kleptomania <input type="checkbox"/> Impulse Control Disorder, Pyromania <input type="checkbox"/> Mood Disorder, Bipolar I Disorder <input type="checkbox"/> Mood Disorder, Bipolar Disorder Not Otherwise Specified <input type="checkbox"/> Mood Disorder, Depression <input type="checkbox"/> Mood Disorder due to a General Medical Condition <input type="checkbox"/> Mood Disorder, Depressive Disorder Not Otherwise Specified <input type="checkbox"/> Mood Disorder, Substance Induced | <input type="checkbox"/> Adjustment Disorder with Depressed Mood <input type="checkbox"/> Adjustment Disorder with Mixed Anxiety and Depressed Mood <input type="checkbox"/> Adjustment Disorder Not Otherwise Specified <input type="checkbox"/> Anxiety Disorder, Agoraphobia <input type="checkbox"/> Anxiety Disorder, Anxiety Disorder due to a General Medical Condition <input type="checkbox"/> Anxiety Disorder Not Otherwise Specified <input type="checkbox"/> Anxiety Disorder, Panic Attack <input type="checkbox"/> Anxiety Disorder, Panic Disorder with Agoraphobia <input type="checkbox"/> Anxiety Disorder, Posttraumatic Stress Disorder <input type="checkbox"/> Anxiety Disorder, Specific Phobia <input type="checkbox"/> Cognitive Disorder, Dementia of the Alzheimer's Type <input type="checkbox"/> Cognitive Disorder, Dementia due to Head Trauma <input type="checkbox"/> Cognitive Disorder, Dementia due to Huntington's Disease <input type="checkbox"/> Cognitive Disorder, Dementia due to Parkinson's Disease <input type="checkbox"/> Cognitive Disorder, Amnesic Disorder due to General Medical Condition <input type="checkbox"/> Cognitive Disorder, Dementia due to Other General Medical Conditions <input type="checkbox"/> Cognitive Disorder, Delirium Not Otherwise Specified <input type="checkbox"/> Cognitive Disorder, Amnesic Disorder Substance Induced Persisting Amnesic Disorder <input type="checkbox"/> Cognitive Disorder, Substance Induced Persisting Dementia <input type="checkbox"/> Dissociative Disorder, Dissociative Amnesia <input type="checkbox"/> Dissociative Disorder, Dissociative Identity Disorder <input type="checkbox"/> Eating Disorder, Bulimia Nervosa <input type="checkbox"/> Factitious Disorder with Predominantly Physical Signs and Symptoms <input type="checkbox"/> Impulse Control Disorder, Intermittent Explosive Disorder <input type="checkbox"/> Impulse Control Disorder Not Otherwise Specified <input type="checkbox"/> Impulse Control Disorder, Trichotillomania <input type="checkbox"/> Mood Disorder, Bipolar II Disorder <input type="checkbox"/> Mood Disorder, Cyclothymic Disorder <input type="checkbox"/> Mood Disorder, Dysthymic Disorder <input type="checkbox"/> Mood Disorder, Major Depressive Disorder <input type="checkbox"/> Mood Disorder Not Otherwise Specified |

Test System

- Pervasive Developmental Disorder, Asperger's Disorder
- Pervasive Developmental Disorder, Childhood Disintegrative Disorder
- Pervasive Developmental Disorder, Retts Disorder
- Psychotic Disorder, Brief
- Psychotic Disorder due to a General Medical Condition
- Psychotic Disorder, Schizoaffective Disorder
- Psychotic Disorder, Schizophrenia Disorganized Type
- Psychotic Disorder, Schizophrenia Residual Type
- Psychotic Disorder, Schizophreniform Disorder
- Sexual and Gender Identity Disorder, Exhibitionism
- Sexual and Gender Identity Disorder, Frotteurism
- Sexual and Gender Identity Disorder, Pedophilia
- Sexual and Gender Identity Disorder, Sexual Sadism
- Sexual and Gender Identity Disorder, Voyeurism
- Sexual Dysfunction, Female Orgasmic Disorder
- Sexual Dysfunction due to a General Medical Condition
- Sexual Dysfunction, Male Erectile Disorder
- Sexual Dysfunction Not Otherwise Specified
- Sexual Dysfunction, Sexual Aversion Disorder
- Sexual Pain Disorder, Dyspareunia
- Sleep Disorder, Breathing Related
- Sleep Disorder due to Another Mental Disorder
- Sleep Disorder, Insomnia
- Sleep Disorder, Dyssomnia Not Otherwise Specified
- Sleep Disorder, Primary Hypersomnia
- Sleep Disorder, Sleep Terror Disorder
- Sleep Disorder, Substance Induced
- Somatoform Disorder, Hypochondriasis Body Dysmorphic Disorder
- Somatoform Disorder, Pain Disorder
- Somatoform Disorder, Undifferentiated
- Substance Related Disorder, Alcohol Dependence/Abuse
- Substance Related Disorder, Cannabis Dependence/Abuse
- Substance Related Disorder, Hallucinogen Dependence/Abuse
- Substance Related Disorder Not Otherwise Specified
- Substance Related Disorder, Phencyclidine Dependence/Abuse
- Substance Related Disorder, Sedative Dependence/Abuse
- Substance Related Disorder, Substance Induced Mood Disorder
- Substance Related Disorder, Substance Induced Sleep Disorder
- Substance Related Disorder, Tobacco Dependence/Abuse
- Pervasive Developmental Disorder, Autistic Disorder
- Pervasive Developmental Disorder Not Otherwise Specified
- Psychotic Disorder, Delusional Disorder
- Psychotic Disorder Not Otherwise Specified
- Psychotic Disorder, Schizophrenia Catatonic Type
- Psychotic Disorder, Schizophrenia Paranoid Type
- Psychotic Disorder, Schizophrenia Undifferentiated Type
- Psychotic Disorder, Substance Induced
- Sexual and Gender Identity Disorder, Fetishism
- Sexual and Gender Identity Disorder, Paraphilia Not Otherwise Specified
- Sexual and Gender Identity Disorder, Sexual Masochism
- Sexual and Gender Identity Disorder, Transvestic Fetishism
- Sexual Dysfunction, Female Sexual Arousal Disorder
- Sexual Dysfunction, Hypoactive Sexual Desire Disorder
- Sexual Dysfunction, Male Orgasmic Disorder
- Sexual Dysfunction, Premature Ejaculation
- Sexual Dysfunction, Substance Induced
- Sexual Pain Disorder, Vaginismus
- Sleep Disorder, Circadian Rhythm
- Sleep Disorder due to General Medical Condition
- Sleep Disorder, Narcolepsy
- Sleep Disorder, Nightmare Disorder
- Sleep Disorder, Primary Insomnia
- Sleep Disorder, Sleepwalking Disorder
- Somatoform Disorder, Conversion Disorder
- Somatoform Disorder Not Otherwise Specified
- Somatoform Disorder, Somatization Disorder
- Substance Related Disorder, Amphetamine Dependence/Abuse
- Substance Related Disorder, Cocaine Dependence/Abuse
- Substance Related Disorder, Inhalant Dependence/Abuse
- Substance Related Disorder, Opioid Dependence/Abuse
- Substance Related Disorder, Polysubstance Dependence/Abuse
- Substance Related Disorder, Substance Induced Anxiety Disorder
- Substance Related Disorder, Substance Induced Psychotic Disorder

Comments:

Users will check the appropriate box or boxes to enable the Save buttons

AXIS II

Diagnoses

Insert Mental Health/Physical Health Record

Health Record

Health Record Type: Axis II - Personality Disorders/Intellectual Disability

| | |
|--|---|
| <input type="checkbox"/> Intellectual Disability, Mild | <input type="checkbox"/> Intellectual Disability, Moderate |
| <input type="checkbox"/> Intellectual Disability Not Otherwise Specified | <input type="checkbox"/> Intellectual Disability, Profound |
| <input type="checkbox"/> Intellectual Disability, Severe | |
| <input type="checkbox"/> Personality Disorder, Antisocial | <input type="checkbox"/> Personality Disorder, Avoidant |
| <input type="checkbox"/> Personality Disorder, Borderline | <input type="checkbox"/> Personality Disorder, Dependent |
| <input type="checkbox"/> Personality Disorder, Histrionic | <input type="checkbox"/> Personality Disorder, Narcissistic |
| <input type="checkbox"/> Personality Disorder Not Otherwise Specified | <input type="checkbox"/> Personality Disorder, Obsessive Compulsive |
| <input type="checkbox"/> Personality Disorder, Paranoid | <input type="checkbox"/> Personality Disorder, Schizoid |
| <input type="checkbox"/> Personality Disorder, Schizotypal | |

Comments:

AXIS III

Diagnoses

Test System

Insert Mental Health/Physical Health Record

Save Save and Re-Insert

| Health Record | |
|--|---|
| Health Record Type: Axis III - Medical or Physical Conditions | |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Benign Prostatic Hyperplasia |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Cachexia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Coronary Artery Disease |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Gastroesophageal Reflux Disease | <input type="checkbox"/> Generalized Weakness |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Hemiplegic |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Hypotension |
| <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Myocardial Infraction |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Paraplegic |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Pressure Ulcer Stage 1 |
| <input type="checkbox"/> Pressure Ulcer Stage 2 | <input type="checkbox"/> Pressure Ulcer Stage 3 |
| <input type="checkbox"/> Pressure Ulcer Stage 4 | <input type="checkbox"/> Pressure Ulcer Not Otherwise Specified |
| <input type="checkbox"/> Quadriplegic | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Ulcerative Colitis |
| <input type="checkbox"/> Vitamin D Deficiency | |

Comments:

Save Save and Re-Insert