DIAGNOSTIC ELEMENT

REPORT AND CLIENT INFORMATION

Report and Client Identifier
(See CDER Manual-Overview section pg. 14)

	Reporting Date	Client Identifier	Client Birthdate
	1.	2.	3.
	M M D D Y Y		M M D D Y Y

	Sex	Height	Weight	Date Weighed
	4.	5.	6.	7.
	M=Male F=Female	inches	pounds	M M Y Y

Client Locator
(See CDER Manual-Overview section pg. 16)

Program	Section	Unit
8.	9.	10.

FORM PREPARATION INFORMATION

Physician: _____ (Name) _____ (Signature) _____ (Title)

Psychologist: _____ (Name) _____ (Signature) _____ (Title)

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

DEVELOPMENTAL DIAGNOSTIC INFORMATION

DEVELOPMENTAL DISABILITIES

Record in this section specified diagnosis(es) of the client's disability(ies). Pertinent diagnoses include levels and types, and etiologic factors (causes) of the disabilities. Code the diagnoses using ICD-10 and Risk Factor codes, as applicable, according to manual instructions for each specific item.

INTELLECTUAL DISABILITIES

Level of Intellectual Disability (See CDER Manual-Diagnostic section pg.19)

(ICD-10-CM Code)

11. |_____|

0 No Intellectual Disability
F70 Mild F71 Moderate
F72 Severe F73 Profound
F78 Other intellectual disabilities
F79 Unspecified intellectual disabilities

Etiology
(ICD-10-CM Code)

12a. |_____|

12b. |_____|

13. |_|_|_|_| **Date of Last Evaluation**
M M Y Y

DEVELOPMENTAL CENTER CLIENTS ONLY

Intelligence Quotient

14. |_|_|_|

Intelligence Test

15. |_|_|

Adaptive Behavior Rating

16. |_|

0 Normal
1 Mild
2 Moderate
3 Severe
4 Profound
5 Unknown

CEREBRAL PALSY (See CDER Manual-Diagnostic section pg. 24)

If the consumer has Cerebral Palsy (code "2" in Item 17) or other significant motor dysfunction (code "3" in Item 17), enter the ICD-10-CM etiology code(s) in Items 18a/18b for either condition (CP or other significant motor dysfunction).

17. |_|_| **Presence of Cerebral Palsy**

0 No CP or other significant motor dysfunction
2 Has CP
3 Has other significant motor dysfunction

Etiology
(ICD-10-CM Code)

18a. |_____|

18b. |_____|

19. |_|_| **Severity of Motor Dysfunction**

1 Mild, does not limit activity
2 Moderate, in between mild and severe
3 Severe, significantly limits or precludes activity

20. |_|_| **Type of Motor Dysfunction**

1 Hypertonic (includes Spasticity and Rigidity)
2 Ataxic
3 Dyskinetic (includes Athetosis, Dystonia, Chorea, and Ballismus)
4 Hypotonic
5 Other (includes mixed)

21. |_|_| **Location of Motor Dysfunction**

1 Monoplegia
2 Hemiplegia
3 Diplegia
4 Triplegia
5 Paraplegia
6 Quadriplegia
7 Other

22. |_|_| **Condition Impact**

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.

Presence of Autism Spectrum Disorder

23a. |__|

0 None (No Diagnosis)

1 Autism Spectrum Disorder

Etiology (ICD-10-CM Code)

24a. |_____|

24b. |_____|

25. |__|__|__|__| **Date of Diagnosis**
M M Y Y

26. |__| **Condition Impact**

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.

Type of Seizure

27a. |__| **28a.** |__| **29a.** |__|

0 Does not have seizure disorder
1 Partial, Simple
2 Partial, Complex
4 Generalized, Absence (Petit Mal)
6 Generalized, Infantile Spasms
7 Generalized, Tonic-Clonic (Grand Mal)
9 Other/Unclassified Seizures

Seizure Frequency

27b. |__| **28b.** |__| **29b.** |__|

1 History of seizures, none in two years
2 History of seizures, none in one year
3 One to six per year
4 Seven to eleven per year
5 One per month (approximate)
6 One per week (approximate)
7 One per day (approximate)
8 More than one per day
9 Frequency Undetermined

27c. |__| **Condition Impact** **28c.** |__| **Condition Impact** **29c.** |__| **Condition Impact**

Etiology
ICD-10-CM Code

30a. |_____|

30b. |_____|

Consumer takes anticonvulsant medication

31. |__| 1 = Yes 2 = No

Status Epilepticus

32. |__| Has the consumer had Status Epilepticus in the past year?

1 = Yes 2 = No 3 = Unknown

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)		**34a.**	
33b.	_____		**34b.**	

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?

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.)?
