PROVIDER ID: _____

PROVIDER NAME: _____

HOST NAME: _____

HOST ID: _____

PATIENT NAME: _____

EVENT TYPE: _____

EVENT DATE: _____/_____/_____ (to _____/_____/_____)

NODE ID:

|___|___|___|___|___|___|

DIAGNOSES CONTINUATION SHEET
FOR
SEPARATELY BILLING DOCTORS FOR REFERENCE YEAR 2005

B4a. I need the diagnoses for (this visit/these visits). I would prefer the ICD-9 codes (or the DSM-4 codes), if they are available.

[IF CODES ARE NOT USED, RECORD DESCRIPTIONS.]

	CODE	DESCRIPTION
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
|__|	_____	_____
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|__|	_____	_____
|__|	_____	_____
|__|	_____	_____

|__|__|
OFFICE USE ONLY

B4b. Which of these was the principal diagnosis?

IF ONLY ONE DIAGNOSIS, GO TO B5a.
IF MORE THAN ONE DIAGNOSIS:

- CHECK BOX FOR PRINCIPAL DIAGNOSIS
- CIRCLE '-8' IF PRINCIPAL DIAGNOSIS NOT KNOWN..... -8