Downtime Form Problem List

Client Name: J Santos

Client MRN: xxxx

Code	Descriptor (Use ICD10 codes only or Snomed codes verbatim - see https://snomed.terminology.tools/terminology-ui/index.html#/terminology#content)	Date Established	Date Ended	Responsible Provider
F43.10	Post Traumatic Stress Disorder	1/11/23		E.C LMFT
390790000	Asylum seeker	1/11/23		E.C LMFT
285849008	difficulty controlling anger	1/11/23		E.C LMFT
30871003	flashbacks	1/11/23		E.C LMFT
7571003	feeling of guilt	1/11/23		E.C LMFT
410279000	care taking/parenting skills education, guidance and counseling	1/11/23		E.C LMFT
248025009	Hoarding	1/11/23		E.C LMFT
224965009	grief finding	4/4/2023		E.C LMFT
F41.8	other specified anxiety disorder	4/4/2023		E.C LMFT

Print Name: E Ceja **Date:** 1/11/2023

Provider Signature: _____ **Credentials:** LMFT LPCC

Additional Signature if needed:

Print Name: _____ **Date:** _____

Provider Signature: _____ **Credentials:** _____