**Problem List**

* The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.
* The problem list shall be updated on an outgoing basis to reflect the current presentation of the beneficiary and maintained in the client record.
* If applicable, add any problems/diagnosis identified by a provider acting within their scope of practice or problems identified by the beneficiary/significant supports person, if any.
* The problem list does not need to be submitted with the Outpatient Authorization Form.

**DOB:**

**Client Name:**

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| **Problem** | **ICD-10** | **Date Added** | **Date Removed** | **Provider(s) Name, Title** |
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Funding for services is provided by the County of San Diego Health & Human Services Agency

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| **Problem** | **ICD-10** | **Date Added** | **Date Removed** | **Provider(s) Name, Title** |
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