

PHYSICIAN CERTIFICATION OF SERIOUS EMOTIONAL DISTURBANCE

CLIENT NAME: First: _____ Last: _____ SOC.SEC.NO _____

SEX: M F RACE: (Circle all that apply): WH AS BL AI/AN NH/OPI OTHER ETHNIC HISPANIC _____

PROVIDER: _____ CLIENT ID NO. _____ DATE OF BIRTH : ____/____/____

DEFINITION OF SERIOUS EMOTIONAL DISTURBANCE (SED) (All boxes must be checked for a child to be certified as SED.)

Children with a serious emotional disturbance are persons:

- from birth up to age eighteen (18),
- who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM IV, **OTHER THAN** "V" codes, substance use disorders or developmental disorders (including mental retardation) which are excluded unless they co-occur with another diagnosable serious emotional disturbance.

DSM IV Diagnosis

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____ Axis V: (GAF) _____

- AND** this disorder resulted in functional impairment, which **substantially** interferes with or limits the child's role or functioning in family, school, or community activities. *The functional impairment must result **primarily** from the diagnosed mental, behavioral or emotional disorder, rather than being primarily the result of a substance abuse/dependence disorder, developmental disorder (including mental retardation) or medical disorder.*

Functional Impairment is defined as:

Difficulties that substantially (**GAF of 60 or below**) interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition. Functional impairments of episodic, recurrent, or continuous duration are included **unless** they are temporary and expected responses to stressful events in the environment.

Briefly list the functional impairments below, and indicate where in the patient record specific, descriptive documentation can be found regarding the functional impairments that result from the diagnosed mental, behavioral or emotional disorder.

I, the undersigned, do hereby certify that I have performed a medical review of the evaluation of this client and that he/she meets the above DBHS criteria of Serious Emotional Disturbance.

- ____ Evaluation based on my direct examination of client within last 45 days (Valid up to one calendar year)
- ____ Evaluation not based on my direct examination of client within last 45 days (Valid up to 45 days)
- ____ Evaluation based on my participation in ongoing treatment planning/review process (Valid for period covered by the current physician approved treatment plan)

Physician Signature

Date of Medical Review