



Family Counseling Service of Northern Utah

A United Way agency serving Weber, Morgan, Box Elder & Davis counties

DSM IV DIAGNOSIS

CLIENT NAME: _____

DATE OF FIRST THERAPY SESSION: _____

DATE OF DIAGNOSIS: _____

(Please write the number for each applicable axis)

AXIS I: _____ Clinical Disorders

AXIS II: _____ Personality Disorders / Mental / Retardation

AXIS III: _____ General Medical Conditions and Disorders

AXIS IV: _____ Psychosocial and Environmental Problems

AXIS V: _____ Global Assessment of Functioning

Therapist Name: _____

Therapist Signature: _____ **Date:** _____

Executive /Clinical Director Name: Curt Watson

Executive /Clinical Director Signature: _____ **Date:** _____