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**Serious Emotional Disturbance (SED) Verification Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Medicaid CIN: \_\_\_\_\_\_\_\_\_

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| **Select at least one DSM Qualifying Mental Health Category\*:** | **Current Diagnosis (ICD-10):** |
| * Anxiety Disorders |  |
| * Bipolar and Related Disorders |  |
| * Depressive Disorders |  |
| * Disruptive, Impulse-Control, and Conduct Disorders |  |
| * Dissociative Disorders |  |
| * Obsessive-Compulsive and Related Disorders |  |
| * Feeding and Eating Disorders |  |
| * Gender Dysphoria |  |
| * Paraphilic Disorders |  |
| * Personality Disorders |  |
| * Schizophrenia Spectrum and Other Psychotic Disorders |  |
| * Somatic Symptom and Related Disorders |  |
| * Trauma- and Stressor-Related Disorders |  |
| * ADHD |  |
| * Elimination Disorders |  |
| * Sleep Wake Disorders |  |
| * Sexual Dysfunctions |  |
| * Medication Induced Movement Disorders |  |
| * Tic Disorder |  |

*\*Any diagnosis in these categories can be used when evaluating a child for SED. However, any diagnosis that is secondary to another medical condition is excluded.*

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| **Functional Limitation(s) within the last 12 months, on a continuous or intermittent basis: (*Select all that apply & severity, must have at least 2 moderate or 1 severe to qualify)*** | **Moderate** | **Severe** |
| * Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries) |  |  |
| * Family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting) |  |  |
| * Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time) |  |  |
| * Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability) |  |  |
| * Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school) |  |  |

* I hereby attest, to be a treating and/or assessing Licensed Practitioner of the Healing Arts (LPHA) that has determined the child/youth above meets the clinical standards for Serious Emotional Disturbance (SED).

Name of Licensed Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI/License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments (if needed):**

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