

Serious Emotional Disturbance (SED) Verification Form

Name:	Date of Birth:	Medicaid CIN:
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.

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	Moderate	Severe
 1 severe to qualify) □ 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):		