



This field will display the description for the medical exam, evaluation or clinical diagnosis code entered in the CODE field.

*DATE*

Enter the date of the exam or evaluation for the client, or the date the clinical diagnosis was made for the client.

*DOCTOR/THERAPIST*

Enter the name of the doctor/therapist who performed the exam or evaluation for the client, or who made the clinical diagnosis for the client.

*RX/TX*

Enter "Y" if medication or treatment was given/prescribed as part of this exam, evaluation or clinical diagnosis. If no medication or treatment was involved, leave this field blank. *If "Y" is entered, you will be taken to the MDTD (Medication/Treatment Detail) screen upon pressing enter so you can enter the medication/treatment details.*

**Additional Information**

Information entered on this screen for the last six months will default to the current D427 (Federal Foster Care Review) document.