

CSI required items highlighted on the Avatar forms

Friday, September 7, 2018 10:54 AM

UPDATE CLIENT DATA:

Chart
Update Client Data

Update Client Data

- Demographics
- Alias
- Smoker
- Electronic Contact Inform...
- Administrative Use Only

Submit

Online Documentation

Client Name
TTTESTONE, FRANK

Client Last Name
TTTESTONE

Client First Name
FRANK

Client's Middle Initial

Suffix
 Sr Jr II
 IV V VI

Prefix

Sex
 Female Male Other Unknown
 Transgender (F to M) Transgender (M to F)

Date Of Birth
 01/01/1950 T Y

EPIC Client ID
3001615

Social Security Number
999-99-9999

Client's Preferred Phone

Primary Language
English

Ethnic Origin
Unknown / Not Reported

Client Race
White

Other Race(s)
 Alaskan Native
 American Indian
 Asian Indian
 Black/African

Client Declined To Provide Information On The Following
 Ethnic Origin Race Language

Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?
 Heterosexual / Straight Lesbian (female)
 Gay (male) Bisexual
 Unsure / Questioning Declined To State

Education
College Junior

Employment Status
Unemployed Not Seeking

Update Client Data

- Demographics
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Submit

Online Documentation

Client's Address - Street
123 Test Dr.

Client's Address - Street 2

Client's Address - Zipcode
95018-9998

Client's Address - City
Felton

Client's Address - County
Santa Cruz County

Client's Address - State
CALIFORNIA

Alias

Alias 1 FRANK TTTESTONE DECEASED	Alias 6
Alias 2 FAKECLIENT	Alias 7
Alias 3	Alias 8
Alias 4	Alias 9
Alias 5	Alias 10

ADD:

Living Arrangements

Homeless Indicator.

Smoker

Smoker: Former Smoker
 Smoking Status Assessment Date: 03/28/2017

Electronic Contact Information

Client's Cell Phone: _____ Client's Work Phone: _____
 Client's Email Address: _____

Communication Preference:

Email Regular Mail Home Phone
 Work Phone Cell Phone

Administrative Use Only

Protection Indicator: Yes No

Protection Indicator Effective Date: _____

Name Qualifier: Keep Private Unspecified

CSI ADMISSION:

CSI Admission

Birth Name (Last): ITTestone
 Birth Name (First): Frank
 Birth Name (Middle): _____
 Year Or Month/Year Of Birth: 01/1950

Birth Name (Suffix): Sr Jr III IV V VI

Mother's First Name: Mother

Fiscally Responsible County For Client: Santa Cruz

Place of Birth - County: Not California County
 Place of Birth - State: Not US State
 Place of Birth - Country: Italy

CSI Ethnicity: Not Hispanic or Latino
 Unknown / Not Reported
 Hispanic or Latino

Special Population: Assisted Outpatient Treatment service(s) (AB 1421)
 (AB 3632) Individualized education plan (IEP) required service(s)
 Governor's Homeless Initiative (GHI) service(s)
 No special population services
 Welfare-to-work plan specified service(s)

Legal Class: Voluntary

County School: _____
 District County Code: _____
 District/Site Code: _____

Admission Necessity Code: Emergency
 Planned (Prior Authorization)
 Unknown/Not Reported

Online Documentation

Is Substance Abuse Affecting Mental Health?
 Yes No Unknown

Are Developmental Disabilities Affecting Mental Health?
 Yes No Unknown

Are Physical Health Disorders Affecting Mental Health?
 Yes No Unknown

Conservatorship/Court Status

Temporary Conservatorship
 Lanterman-Petris-Short
 Murphy
 Probate
 PC 2974
 Representative Payee Without Conservatorship
 Juvenile Court, Dependent of the Court
 Juvenile Court, Ward - Status Offender
 Juvenile Court, Ward - Juvenile Offender
 Not Applicable
 Unknown/Not Reported

Preferred Language
 English

Race (Select Up To Five)

American Indian or Alaska Native
 Asian Indian
 Black or African American

Number of children less than 18 years of age that the client cares for / is responsible for at least 50% of the time
 0

Number of dependent adults 18 years of age and above that the client cares for / is responsible for at least 50% of the time
 1

Chart Discharge

Discharge

Demographics

Discharge

Demographics

Alias

Smoker

Electronic Contact Inform...

CSI

Submit

Patient Status Code
 Discharged to home, self care, foster care, shelter care

Discharge Legal Class
 Voluntary

Online Documentation

Chart Diagnosis

Diagnosis

Additional Diagnosis Inf...

Submit

Type Of Diagnosis
 Admission Discharge Onset Update

Select Episode To Default Diagnosis Information From

Date Of Diagnosis
 09/05/2017 T Y [Calendar Icon]

Select Diagnosis Entry To Default Information From

Time Of Diagnosis
 01:42 PM Current H M AM/PM

Diagnoses

Ranking	Description	Status	Estimated Onset	Classification	Resolved	Bill Order	ICD-9 Code	ICD-10
1	Primary... Bipolar 1 disorder, d...	Active (1)	09/01/2017			1	296.53	F31.4

New Row Delete Row

Show Active Only
 Yes No

Diagnosis Search

Bipolar 1 disorder, depressed, severe

Status

Active Working Rule-out Resolved
 Void

Estimated Onset Date

09/01/2017 [T] [Y] []

Resolved Date

[] [T] [Y] []

Ranking

Primary Secondary Tertiary

Bill Order

1

ADD THIS DIAGNOSIS TO PROBLEM LIST?

Yes No

Code Crossmapping

ICD-9	ICD-10	DSM-IV	SNOMED
296.53	F31.4	296.43	261000119107

DSM-5: Bipolar I disorder, current or most

Present On Admission Indicator

Yes

Classification

[]

Diagnosing Practitioner

MCCAULEY, CHRIS D (001037)

Remarks

[]

Void All

Diagnosis

Additional Diagnosis Inf.

Submit

Prognosis

[]

Estimated Discharge Date

[] [T] [Y] []

Trauma (CSI)

Yes No Unknown

General Medical Condition Summary Code (CSI)

- Allergies
- Anemia
- Arterial Sclerotic Disease
- Arthritis
- Asthma

Substance Abuse / Dependence (CSI)

Yes
 No
 Unknown / Not Reported

Substance Abuse / Dependence Diagnosis (CSI)

[]

SC General Purpose Progress Note

General Purpose Progress Note

- CLIENT / EPISODE
- SELECT A DRAFT PROGR...
- PRACTITIONER(S) / TIME
- RESIDENTIAL SERVICE O...
- SERVICE INFORMATION
- EVIDENCE-BASED PRACTI...
- LANGUAGE
- TREATMENT PLAN ELEME...
- PROGRESS NOTE

Submit

Select Client

Select Episode

SELECT A DRAFT PROGRESS NOTE -- OR -- START A NEW PROGRESS NOTE

Select Draft Note To Edit

Delete Draft Note

Progress Note For

Progress Note Purpose

Existing Appointment New Service Outpatient Note BH Residential Note Information Note

Note Addresses Which Existing Service/Appointment

PRACTITIONER(S) / TIME

Practitioner

ROGERS, FRED (006000)

Face-to-Face Other Time Total Duration (minutes)

General Purpose Progress Note

- CLIENT / EPISODE
- SELECT A DRAFT PROGR...
- PRACTITIONER(S) / TIME
- RESIDENTIAL SERVICE O...
- SERVICE INFORMATION
- EVIDENCE-BASED PRACTI...
- LANGUAGE
- TREATMENT PLAN ELEME...
- PROGRESS NOTE

Submit

RESIDENTIAL SERVICE ONLY

Residential Note Type

Face-To-Face Contact 24-hour Service Weekly Summary

Start Date for Weekly Summary

SERVICE INFORMATION

Date Of Service / End Date for Weekly Summary

Service Start Time Service End Time

Service Program

Location

Service Charge Code

General Purpose Progr...

- CLIENT / EPISODE
- SELECT A DRAFT PROGR...
- PRACTITIONER(S) / TIME
- RESIDENTIAL SERVICE O...
- SERVICE INFORMATION
- EVIDENCE-BASED PRACTI...
- LANGUAGE
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- PROGRESS NOTE

Submit

EVIDENCE-BASED PRACTICES / SERVICE STRATEGIES

Evidence-Based Practices / Service Strategies (CSI)

- Age-Specific Service Strategy
- Assertive Community Treatment
- Delivered in Partnership with Health Care
- Delivered in Partnership with Law Enforcement
- Delivered in Partnership with Social Services
- Delivered in Partnership with Substance Abuse Services
- Ethnic-Specific Service Strategy
- Family Psychoeducation
- Family Support
- Functional Family Therapy
- Illness Management and Recovery
- Integrated Dual Diagnosis Treatment
- Integrated Services for Mental Health and Aging
- Integrated Services for Mental Health and Developmental Disability

Evidence-Based Practices / Service Strategies (Santa Cruz County)

- Celebrating Families
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Eye Movemt Desensitization Reproc (EMDR)
- Guiding Good Choices
- Matrix (ADP only)
- Mindfulness-Based Stress Reduction
- Motivational Interviewing
- Psychoeducational Multifamily Group
- Relapse Prevention Therapy (ADP only)
- Seeking Safety
- Seven Challenges
- Trauma-Focused Cog Beh Ther (TF-CBT)
- Other

LANGUAGE

Was This Service Provided in a Language Other Than English?

No Yes

Interpreter or Bilingual Provider?

Interpreter Bilingual Provider

Language

- Spanish
- American Sign Language
- Cambodian
- Chinese Dialect
- Filipino Dialect
- Ilocano
- Japanese
- Mixteco
- Portuguese
- Tagalog

SC General Purpose Progress Note

General Purpose Progr...

- CLIENT / EPISODE
- SELECT A DRAFT PROGR...
- PRACTITIONER(S) / TIME
- RESIDENTIAL SERVICE O...
- SERVICE INFORMATION
- EVIDENCE-BASED PRACTI...
- LANGUAGE
- TREATMENT PLAN ELEME...
- PROGRESS NOTE

Submit

TREATMENT PLAN ELEMENTS DOCUMENTED IN THIS PROGRESS NOTE

Select Treatment Plan Version

Select T.P. Item Note Addresses

Clear 'Note Addresses Which Treatment Plan Problem' Text.

Note Addresses Which Treatment Plan Problem

PROGRESS NOTE

Note Type

Client Presentation

Intervention(s) Related to MH/SUD Condition/Problem -- OR -- Residential or Information Note

Referrals to Community Services

Draft/Final
 Draft Final

Follow-up Care / Discharge Summary



File Note

Submit



Clinical Quality Indicators



Is This A Transition Of Care?

Yes No

