SCREENING

First Name _____ **Middle Name** _____

Last Name _____ **System of Care** ☐MH ☐ADP ☐MCO ☐Undetermined

Caller Name _____ Caller Relation _____

Maiden Last Name _____ Requested Language _____

Alias First Name _____ Alias Last Name _____

Guardian First Name _____ Guardian Last Name _____

Guardian Telephone _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____ - _____

Phone Number _____

Requested Program _____ Program ID _____

Requested Provider _____ Provider ID _____

Begin Date _____ End Date _____

Begin Time _____ End Time _____

Elapsed Time _____ Minutes

Social Security # _____ Date of Birth _____

Gender ☐M ☐F ☐Other Marital Status _____

Type of Contact _____ Call Type _____

Type of Inquiry _____ Emergency Type _____

Danger to self or others? ☐Yes ☐No ☐Unknown

Presenting Problem _____

_____

Primary Care Physician _____ Provider ID _____

Approval from guardian? ☐Yes ☐No ☐Unknown Primary Care Physician Contacted? ☐Yes ☐No ☐Unknown

Population _____

Disposition _____

Final Disposition / Action Taken _____

Other Comments _____

_____

Follow-up Required: ☐Yes ☐No Follow-up Date: _____

Follow-up Completed Date: _____

Access Person: _____ Access Person ID: _____

USER: _____ User ID: _____

Do you want this client to be a consumer? ☐Yes ☐No

screening

CLINICAL 3/11/2007

Screening: Located in Sharecare Main Menu / Access / Call Logging / Screening