

**View All Permissions(120)**

Acknowledgment of Receipt of CPPN or Practitioner Form  
Add'l Reviews to Comprehensive Physical Assessment  
Admission Information  
Admission/Release Checklist  
Affidavit of Diligent Effort  
Alerts & Alias Maintenance  
    |--2-Add/Edit  
    |--4-Close Medical And MH  
Alerts Email Notification  
Assessment of Suicide Risk  
Authority For Evaluation and Treatment  
Bed Management Reports  
    |--13-Detention and Residential Dual Placement  
    |--20-OHS Review Report  
    |--9-Resource Directory  
Case Notebook  
CAT - Reports  
Chronic Physical Health Conditions Roster  
Clinical Psychotropic Progress Note  
Clinical Psychotropic Progress Note Part B  
Close Supervision - Visual Checks Log  
Comprehensive Physical Assessment  
Controlled Medication Inventory Record  
Counseling/Therapy Progress Note  
Crisis Assessment  
Custody of Individual Health Care Record  
Detention  
Detention Suicide Risk Parent/Guardian Notification  
Document Upload  
    |--2-Add  
    |--4-Edit (all)  
    |--5-Delete (mine)  
Documentation of Non-Licensed MH Clinical Staff Person's Training in Assessment of SR  
Electronic Commitment Package  
Episodic Care (First Aid/Emergency) Care Log  
Facilities  
Facility Entry Physical Health Screening  
Facility Management System  
    |--03-Mental Health  
    |--04-Medical  
    |--09-Email-Post PAR Interview Notification  
Female Body Chart  
Female Body Chart  
FMS Management Reports  
Follow-Up Assessment of Suicide Risk  
Guidelines for Obtaining Parental Signature on the AET  
Health Discharge Summary – Transfer Note  
Health Education Record  
Health Related History  
Health Services  
Health Status Checklist  
HIV Youth Consent  
Immunization Tracking Record  
Individual Health Care Record Checklist and Internal Quality Control  
Individualized Mental Health/Substance Abuse Treatment Plan

Version 1 - 4/6/2016

Version 1.1 - 2/19/2018

Version 1.2 - 8/29/2019

Individualized Mental Health/Substance Abuse Treatment Plan Review  
Infectious and Communicable Disease Form  
Initial Mental Health/Substance Abuse Treatment Plan  
Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log  
Limited Consent for Evaluation and Treatment  
Male Body Chart  
Male Body Chart  
MAYSI Questionnaire  
Medical Information Request Letter  
Medication Administration Record  
|--1-Full Access  
Medication Administration Record Part B  
Mental Health Alert - Observation Log  
Mental Health/Substance Abuse On-Site Tracking Log  
Mental Health/Substance Abuse Referral Summary  
Mental Health/Substance Abuse Treatment Discharge Summary  
OHS Web Forms  
Oral Health Assessment  
PACT MH/SA Screening Report and Referral  
Parental Notification of Health Related Care: Vaccinations/Immunizations  
Parental Notification of Health-Related Care: General  
Parental Notification of Health-Related Care: Medications  
Personal and Health Related Information  
Photos Upload  
Practitioner's Orders  
Prescription Medication Verification Checklist  
Problem List  
Refusal of Treatment Form  
Report of On-Site Health Care by Non-Health Care Staff  
Request for Parent/Guardian Signature Authority for Evaluation and Treatment  
Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)  
Sexually Transmitted Infections Screening Form  
Sick Call Index  
Sick Call Request  
Sick Call/Referral Log  
Statistical Reports  
Substance Abuse and Mental Health Assessment  
Substance Abuse and Mental Health Assessment - Part I & Part II  
Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations  
Substance Abuse and Mental Health Preliminary Screening  
Suicide Precautions-Observation Log  
Suicide Risk Screening Instrument  
Suicide Risk Screening Instrument - Call Center  
Suicide Risk Screening Instrument - Call Center Version  
Suicide Risk Screening Instrument - General Directions  
Suicide Risk Screening Parent/Guardian Notification  
Summary of Off-Site Care  
Treatment Flow Sheet: Asthma  
Treatment Flow Sheet: Diabetes  
Treatment Flow Sheet: General  
Treatment Flow Sheet: Hypertension  
Treatment Flow Sheet: Seizure Disorder  
Treatment Flow Sheet: Tuberculosis / INH Therapy  
Treatment Plan Sheet: Asthma  
Treatment Plan Sheet: Diabetes  
Treatment Plan Sheet: General  
Treatment Plan Sheet: Hypertension  
Treatment Plan Sheet: Seizure Disorder

Version 1 - 4/6/2016  
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Version 1.2 - 8/29/2019

Treatment Plan Sheet: Tuberculosis / INH Therapy

Tuberculosis Testing Log

Youth Consent for Release of Substance Abuse Treatment

Youth Consent for Substance Abuse Treatment

Youth Consent for Substance Abuse Treatment RSAT or RSAT Overlay Services Program

Youth Notes

|--2-Add/Edit

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