View All Permissions(112)

Acknowledgment of Receipt of CPPN or Practitioner Form

Add'l Reviews to Comprehensive Physical Assessment

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

|--5-Facility Waiting List

|--9-Resource Directory

Case Notebook

Chronic Physical Health Conditions Roster

Clinical Psychotropic Progress Note

Clinical Psychotropic Progress Note Part B

Close Supervision - Visual Checks Log

Commitment Management Conference Summary

Comprehensive Physical Assessment

Controlled Medication Inventory Record

Counseling/Therapy Progress Note

Crisis Assessment

Custody of Individual Health Care Record

Document Upload

|--2-Add

|--3-Edit (mine)

|--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

Evidence Based Services

Facilities

Facility Entry Physical Health Screening

Female Body Chart

Female Body Chart

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

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

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

|--2-Add

|--3-Edit (mine)

|--5-Delete (mine)

Practitioner's Orders

Prescription Medication Verification Checklist

Problem List

Refusal of Treatment Form

Report of On-Site Health Care by Non-Health Care Licensed 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 - 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

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