

NEW CLIENT CHECKLIST

Client Name _____ ID # _____

Date: _____

I. File Clerk

<p>INITIAL INTAKE COMPLETION</p> <p>Name <input type="checkbox"/></p> <p>Date & Time <input type="checkbox"/></p> <p>Address <input type="checkbox"/></p> <p>Telephone # <input type="checkbox"/></p> <p>Date of Birth <input type="checkbox"/></p> <p>Marital Status <input type="checkbox"/></p> <p>Spouse's Name <input type="checkbox"/></p> <p># of Children <input type="checkbox"/></p> <p>Payment Arrangements Completed <input type="checkbox"/></p> <p>Court Order Info Completed <input type="checkbox"/></p> <p>Services Requested Info Completed <input type="checkbox"/></p> <p>Reason for Services Completed <input type="checkbox"/></p> <p>Appointment Date Set <input type="checkbox"/></p> <p>Therapist Assigned <input type="checkbox"/></p> <p>Referral Source Noted <input type="checkbox"/></p> <p>Person Taking Intake <input type="checkbox"/></p> <p>Client Info Mailed Completed <input type="checkbox"/></p> <p>***If any items are not checked, please indicate reason information was not obtained</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>MAIL PACKET COMPLETION</p> <p>Appointment Verification <input type="checkbox"/></p> <p>Client Guidelines <input type="checkbox"/></p> <p>Client Rights Statement <input type="checkbox"/></p> <p>Confidential Data Sheet <input type="checkbox"/></p> <p>Client Rights Signature Sheet <input type="checkbox"/></p> <p>Authorization for Services <input type="checkbox"/></p> <p>Psycho-Social Intake - Adult <input type="checkbox"/></p> <p>Psycho-Social Intake - Child <input type="checkbox"/></p> <p>Physical Health Assessment <input type="checkbox"/></p> <p>Stapled Individually <input type="checkbox"/></p> <p>Mailed <input type="checkbox"/></p> <p>NEW CLIENT FILE COMPLETION</p> <p>Client Number Assigned <input type="checkbox"/></p> <p>Locator Card Completed <input type="checkbox"/></p> <p>Billing Card Completed <input type="checkbox"/></p> <p>New File Completed:</p> <p>MHIS - 003 Addition <input type="checkbox"/></p> <p>508 - Adult Facesheet <input type="checkbox"/></p> <p>508 - Adult Functioning Scales <input type="checkbox"/></p> <p>508 - Adult SSDI/SSI Impairment <input type="checkbox"/></p> <p>508K - Child Facesheet <input type="checkbox"/></p> <p>508K - Child Global Assessment <input type="checkbox"/></p> <p>Release of Information <input type="checkbox"/></p> <p>Plan of Action <input type="checkbox"/></p> <p>Individual Service Plan <input type="checkbox"/></p> <p>Psycho-Social Intake - Adult <input type="checkbox"/></p> <p>Psycho-Social Intake - Child <input type="checkbox"/></p> <p>Initial Telephone Contact Form <input type="checkbox"/></p> <p>Appointment Verification Form <input type="checkbox"/></p>
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Please attach to Initial Intake form and distribute in this manner:

- 1. File Clerk
- 2. Billing Clerk
- 3. Transcriptionist
- 4. File Clerk

2. Billing Clerk

INSURANCE INFORMATION VERIFICATION:

Medicaid Medicare Self-Pay Insurance

Name of Client: _____

Name of Insured: _____

Social Security Number: _____

Policy Number/Group Number: _____

Employer: _____

Date Insurance Co. Contacted: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Authorization Required: Yes No

Authorization Number: _____

Number of Sessions Authorized: _____

Special Insurance Requirements: _____

Entered into Therapist Helper/Medicaid Billing Software Program

3. Transcriptionist

TREATMENT PLAN:

Client ID Number Added to Treatment Plan List

4. File Clerk

Client Paperwork completed and all forms signed

MOPSFORMS\Checklist.clt