

How to- Intake

ADMIN: 1. Intake signature forms 2. State Database required information

1. Intake packet required to be completed **BY the date of the intake**, so that an eval can be done since there are consent forms/PWN included the provider must create and fill these out with the appropriate information.

Patient Forms

Record Information

Provider Sw006 Owner Sw006 Case Location

Forms Setup Setup 2 Raintree Windows Client Mode

Form Set 1. Intake Packet + Save

> Description

> HIPAA FAQ 2021

> Virtual Home Visits

> Consent for Evaluation/Assessment

> EILP Consent To Bill

> PWN & Family Rights

> Release and Obtain Info

> Patient Demographics Form

Ready to Send Information Needed Accepted Declined

Add Signature Signature

Send to Patient via Send Now

Print Complete

Blue forms indicate required information must be added in order to send forms.

If the intake packet is NOT signed by the family BY the date of the intake appointment, then the **provider must document verbal consent in the comm log with the date of the intake appointment and which forms were reviewed (there is a short cut for providers)!** Admin will task for verbal consent if forms are not signed when reviewing weekly signature forms.

2. State Database Entry Information

- **Patient Demographics signature page** we need the following information:
 - Gestational age
 - Race/ethnicity
 - Primary Medical Provider (type ex: Pediatrician (MD), Nurse Practitioner, etc.)
 - Confirming: spelling of name, date of birth, sex, guardianship status, guardian name, mailing address, phone number

- In the actual intake note on the Visit Info, Visit History portion we need the following information:

Date	Time	Template	Description	Case Name	Provider Name	Loc	Case	Signed	Posted	Post Rev	Amended
11-08-23	10:16a	PIFSP	Revision	Developmental S...	Jessica Gardner, M.Ed		D5001				
10-25-23	12:54p	LTNOT	Consultation	Developmental S...			D5001				
10-25-23	12:23p	LTNOT	Intake Note	Developmental...	Hannah Tashjian, OTR/L		DS001				
05-14-21	12:30p	IFSP	IFSP Review	Developmental S...	Dani Test, DS Tester	09	D5001				
03-05-20	12:10p	LTNOT	Discharge Note	Speech Therapy	Amy Simpson, CCC-SLP		ST001		NV		
07-10-19	10:05a	LTNOT	Plan of Care	Speech Therapy	Kila Gilcart, CCC-SLP		ST001		NV		•

- Hearing and Vision Screening information

Patient Information
 Patient: Andy Test, MR # 00011170, DOB 08-02-17, Age 6y 2m, Case DS001

Record Information
 Date: 10-25-23, Ther: OT018, Loc: [dropdown], Type: Intake Note, Time: 12:23p, Assigned: OT018, Ref: A0001

Objective Findings
 Date: 10-25-23, Time: 12:23p, Description: Hearing Screening

Shared Findings
 Date: [blank], Time: [blank], Description: [blank]

Other Tests (5)
 [blank]

Vision Screening
 Patient: Andy Test, MR # 00011170, DOB 08-02-17, Age 6, Date: 10-25-23

Vision Screening Questionnaire Results
 Date Completed: [dropdown]
 Pass Currently being followed by ophthalmology/optometry
 Refer Currently being followed by TVI

Photo Screening Results
 Date Completed: 10-25-23
 Pass
 Refer
 Comments: unable to complete test due to child falling asleep while standing up

Next Steps
 No further action required at this time.
 No observable vision problems. However, some risk factors are present, e.g., family history and/or medical risk factors.
 Vision concerns are observed.
 Urgent vision concerns are observed.

- Intake tab: Health concerns (see Pediatric Medical History), birth weight, if the failed the Newborn Hearing Screening, if there's EHDl consent (only if hearing concerns)

Telehealth Type ▼

Objective Findings Charges Charge Recap Tracking Intake

Pediatric Medical History ▶ 10-25-23 Pediatric Medical History ▼

Referral Notes (include any important notes)
words words words

Parent Concerns and Priorities Home and Resources Routines Times

Family Main Concern and Priorities for the Child and Family
more words, wordy words

Family Declined Family Assessment

Health Concerns

- Behavioral
- Dental
- Hearing
- Nutrition
- Vision
- Medication
- Other

Birth Weight 51bs 14 oz

- Failed Newborn Hearing Screening
- EHDI Consent

Background Summary Clinical Observations Other Pertinent Information Plans for Further Evaluation

words words

Medical History for Andy Test

Save

Patient Information

Patient **Andy Test** DOB **08-02-17**

MR # **00011170** Age **6**

Record Information

Date **10-25-23** Time **12:2**

Medical history was supplied by caregiver

Concerns

Pregnancy

Delivery

Following Birth

Allergies

Hearing

Vision

Tests

Physicians

Medical Conditions

Motor Development

Sensory

Social

Feeding

Speech/Language

Home Environment

Equipment

Other Services

Home Program

Merge

Vision

Do you have concerns about the child's vision?* Yes No

Last Test Date ▼

Results

Concerns

child wears glasses, being followed by ophthalmology