

Mobile Psychiatric Nursing (MPN) Intake Checklist

Client Name:	DOB:	Support	Nurse	Intake Specialist
<i>BHC Universal Documents</i>				
1. Checklist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Consent for Release of Information: Individual /Multiple		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Request for 5yrs Medical Records <input type="checkbox"/> Sent (date _____) <input type="checkbox"/> Received <input type="checkbox"/> Uploaded		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personal Privacy Notice (HIPPA) – given and acknowledgement signed		<input type="checkbox"/>		<input type="checkbox"/>
5. Consent to PHI – given and acknowledgement signed		<input type="checkbox"/>		<input type="checkbox"/>
6. Individual Rights and Responsibilities – given and acknowledgement signed		<input type="checkbox"/>		<input type="checkbox"/>
7. Fee Schedule and Financial Agreement – given and acknowledgement signed		<input type="checkbox"/>		<input type="checkbox"/>
8. Consent to Treatment		<input type="checkbox"/>		<input type="checkbox"/>
<i>MPN & OPC</i>				
1. Superbill		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Practitioner Order / Referral Form		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assessments <input type="checkbox"/> ASQ <input type="checkbox"/> AUDIT <input type="checkbox"/> DAST <input type="checkbox"/> GAD-7 <input type="checkbox"/> PHQ-9 <input type="checkbox"/> COVID-19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Crisis Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provider Letter: Draft (Nurse), type & send (Support)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Discipline Specific</i>				
1 Referral for Mobile Psychiatric Nursing and insurance verification.		<input type="checkbox"/>		
2. PerformCare MPN Auth Request form		<input type="checkbox"/>		
3. Medication Profile		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nursing Recovery Treatment Plan		<input type="checkbox"/>		<input type="checkbox"/>
5. Nursing Assessment – Initial/Process		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart Completed		<input type="checkbox"/>		

Support Staff Final Review: _____ **Date:** _____