

Mobile Social Rehabilitation (MSR) Intake Checklist

Client Name:	DOB:	Support	MSR Staff
<i>BHC Universal Documents</i>			
1. Checklist		<input type="checkbox"/>	<input type="checkbox"/>
2. Consent for Release of Information: Individual / Multiple		<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"/>
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>Discipline Specific</i>			
	1. Referral for Mobile Social Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
	2. County Approval	<input type="checkbox"/>	<input type="checkbox"/>
	3. Intake Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	4. Progress Note	<input type="checkbox"/>	<input type="checkbox"/>
	5. Current Monthly Activity Calendar (Region Specific), Van Rules	<input type="checkbox"/>	<input type="checkbox"/>
	Chart Completed	<input type="checkbox"/>	

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