

**Support** 

**Therapist** 

**Mental HW** 

DOB:

Outpatient Psychiatric Clinic (OPC) Intake Checklist

BHC Universal Documents		
1. Checklist		
2. Consent for Release of Information: Individual / Multiple		
3. Request for 5yrs Medical Records □Sent (date) □ Received □Uploaded		
4. Personal Privacy Notice (HIPPA) – given and acknowledgement signed		
5. Consent to PHI – given and acknowledgement signed		
6. Individual Rights and Responsibilities – given and acknowledgement signed		
7. Fee Schedule and Financial Agreement – given and acknowledgement signed		
8. Consent to Treatment		
OPC & MPN		
Date of First Offered Appointment Code 1. Superbill		
2. Practitioner Order / Referral Form		
3. Assessments $\square$ ASQ $\square$ AUDIT $\square$ DAST $\square$ GAD-7 $\square$ PHQ-9 $\square$ COVID-19		
4. Crisis Plan		
5. Multidisciplinary Progress Log		
6. Provider Letter: Draft (Therapist), type & send (Support)		
Discipline Specific		
1. Psychotherapy Recovery Treatment Plan		
2. Diagnostic Interview & Dictation		
3. Copy of Insurance Card and Insurance Information		
4. Referral for Psychotherapy		
5. Client Questionnaire – Completed in Full		
6. Biopsychosocial		
Chart Completed		
Support Staff Final Review:	Date:	

**Client Name:**