

FORMS INCLUDED IN SETUP

Questionnaires

- Patient Intake Form / Consents
- Adult ADHD Inventory
- Adult ADHD Self-Report Scale (ASRS-V1.1) Symptom Checklist
- Adult ADHD-RS-IV with Adult Prompts
- Alcohol Use Disorders Identification Test (AUDIT)
- Annual Insurance / Demographic Update & Verification
- Becks Anxiety Inventory (BAI)
- Becks Depression Inventory (BDI)
- CAGE Screening
- COVID-19 Health Screen Form
- Danger Assessment (2023)
- Drug Abuse Screening Test (DAST-10)
- Eating Attitude Test (EAT-26)
- Eating Disorder Diagnostic Scale (EDDS)
- Edinburgh Postnatal Depression Scale (EPDS)
- GAD-7
- MDQ
- Medicare Secondary Payer (MSP) - (if accepting Medicare)
- PHQ-9
- Prediction of Alcohol Withdrawal Severity Scale (PAWSS)
- Psychiatric Medication History
- Rapid Mood Screener
- Request for Appointment
- Social Phobia Scale
- Trauma Symptom Checklist

Consents

- Welcome Letter
- Mental Health and Wellness Treatment Agreement
- Telehealth Consent, Policy, and Agreement
- HIPAA Privacy Policy
- Disability Forms Policy
- Controlled Substances Policy
- Consent for Mental Health Treatment During Pregnancy

- Psychiatric Advance Directives - Taking Charge of Your Care (Educational Materials)
- Credit Card on File
- No Show / Cancellation / <24 Hr Reschedule Policy
- Good Faith Estimate - Nurse Practitioner or Therapist
- Patient Election of Self-Pay Services
- Revocation of Patient Election of Self-Pay Services
- Consent for Stimulant Use
- Medication History Consent
- Consent to Release Medical Information FROM
- Consent to Release Medical Information TO
- ROI - Continuation of Care (PCP)
- ROI - Continuation of Care (Therapist)
- HIPAA Revocation of Authorization
- Practice Fee Schedule
- Discharge / Termination for Practice Policy
- Psychoactive Medication Therapy Informed Consent Form
- Drug Screen Policy
- Consent to Bill Medicare (if accepting Medicare)
- Medicare Patient and Provider Private Contract (Opt-Out) (if practice has opted-out)

Provider / Practice Note Templates

- Psych Note Template (Adult/Child)
- Abnormal Involuntary Movement Scale (AIMS)
- Client Call/Contact
- Clinical Opiate Withdrawal Scale (COWS) (Provider)
- Collection / Payment Contact
- Columbia-Suicide Severity Rating Scale (Provider)
- Discharge / Termination Letter
- Laboratory / Diagnostic Testing Order
- Letter Head
- Late Cancellation / No-Show
- Medical Records Request
- Nurse / Assistant Call
- Patient Safety Plan
- Provider Call / Contact
- Return to School / Work Note (Short)
- Return to Work / School (Long-Absence)
- Treatment Plan