|  |  |
| --- | --- |
|  | intake Form Check List |

­­Client Name: Provider Name

Auditor Name: Date of audit:

| Done | Name of Form | Required for | Date | N/A | Action |
| --- | --- | --- | --- | --- | --- |
|  | [Permission to treat](https://www.transformationsllc.net/permission-to-treat/) | All clients |  | required |  |
|  | [Client Information](https://www.transformationsllc.net/client-information/) | All clients |  | required |  |
|  | Biopsychosocial | All providers for all clients |  | required |  |
|  | [Treatment Plan](https://www.transformationsllc.net/wp-content/uploads/2021/11/Treatment-Plan-11-29-2021-1.docx) | All providers for all clients |  | required |  |
|  | [Treatment Plan signature page](https://www.transformationsllc.net/treatment-plan-agreement/) | All clients |  | required |  |
|  | [Authorization to share info with Primary Care Physician](https://www.transformationsllc.net/authorization-to-share-information/) | All clients |  | required |  |
|  | [PCP Collaborative Care](https://www.transformationsllc.net/collaboration-of-care-between-behavioral-health-providers-and-prescribers/) | All clients |  | required |  |
|  | [Authorization for Emergency Contact](https://www.transformationsllc.net/authorization-for-emergency-contact/) | All clients |  | required |  |
|  | [Authorization to share information with Associate’s licensing supervisor](https://www.transformationsllc.net/authorization-to-share-information/) | All associates |  |  |  |
|  | [Permission to Video Record](https://www.transformationsllc.net/permission-to-video-record/) | All MFT associates |  |  |  |
|  | [Level of Care Assessment](https://www.transformationsllc.net/test-page/) | For all clients receiving more than 1 hour per week of therapy and for all psychiatric hospitalizations. |  |  |  |
|  | [Authorization to  share information with educational system (school)](https://www.transformationsllc.net/authorization-to-share-information/) | All clients being seen in the school setting |  |  |  |
|  | [Authorization to share with childcare provider](https://www.transformationsllc.net/authorization-to-share-information/) | As needed |  |  |  |
|  | [Authorization to share with parents](https://www.transformationsllc.net/authorization-to-share-information/) | All Children ages 12 to 17 |  |  |  |
|  | [Authorization to share with psychiatric hospital](https://www.transformationsllc.net/authorization-to-share-information/) | All hospitalized clients to obtain d/c summary and coordinate follow up care |  |  |  |

| Done | Name of Form | Required for | Date | N/A | Action |
| --- | --- | --- | --- | --- | --- |
|  | [Authorization to Share with Legal Representative](https://www.transformationsllc.net/authorization-to-share-information/) | As needed |  |  |  |
|  | [Authorization to share with psychiatrist](https://www.transformationsllc.net/authorization-to-share-information/) | All clients receiving a psychiatrist’s care |  |  |  |
|  | [Authorization to share with external targeted case manager](https://www.transformationsllc.net/authorization-to-share-information/) | As applicable |  |  |  |
|  | [Authorization to share with external BHP](https://www.transformationsllc.net/authorization-to-share-information/) | As applicable |  |  |  |
|  | [Authorization to share with external CSA](https://www.transformationsllc.net/authorization-to-share-information/) | As applicable |  |  |  |
|  | [Authorization to share information with DCBS/DJJ](https://www.transformationsllc.net/authorization-to-share-information/) | As applicable |  |  |  |
|  | [Authorization to share information with family](https://www.transformationsllc.net/authorization-to-share-information/) | When family is participating in therapy |  |  |  |
|  | [Authorization to share information with other](https://www.transformationsllc.net/authorization-to-share-information/) | As applicable |  |  |  |
|  | [Permission for Transport and Community Outings](https://www.transformationsllc.net/permission-for-transportation-and-community-outings/) | As applicable |  |  |  |
|  | [CSA Life Skills Assessment and Plan](https://www.transformationsllc.net/wp-content/uploads/2020/06/Life-Skills-Assessment-6-26-2020.docx) | All CSA providers |  |  |  |
|  | Copy of Custody Order or [Authorization to Give consent for Minor’s Medical Care](https://www.transformationsllc.net/permission-to-treat/) | For children of divorced or separated parents. |  |  |  |
|  | [Psychiatric Hospitalization Report](https://www.transformationsllc.net/6790-2/) | For all current clients who are admitted to the hospital |  |  |  |
|  | [Payment Agreement](https://www.transformationsllc.net/payment-agreement/) | All Commercial and Private Pay Clients | 6/23 |  |  |
|  | [Enter Credit Card Information into MCP](https://www.youtube.com/watch?v=BdzYPr4Pdzw) | All Commercial and Private Pay Clients |  |  |  |
|  | [Good Faith Estimate](https://www.transformationsllc.net/good-faith-estimate/) | Required by law for all private pay clients |  |  |  |

Notes:

Supervision Log:

Action Required: