

# HCHN MH/CD/CM Log

## Day to Day Information - page 1

Name Date of Birth

HCHN ID									
	Last	First	Month	Day	Year				

ADMISSION DATE: \_\_\_\_\_ SERVICE SITE:  Angeline's  WBC

<p><b>PSYCHO-SOCIAL ASSESSMENT (complete for every patient)</b></p> <p><input type="checkbox"/> Received psycho-social assessment</p> <p><input type="checkbox"/> Did not receive psycho-social assessment (check reason)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Assessed during previous respite stay</p> <p style="margin-left: 20px;"><input type="checkbox"/> Reconnected to existing case manager for service coordination</p> <p style="margin-left: 20px;"><input type="checkbox"/> Less than 3-day stay</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other (specify) _____</p>	<p><b>SELF-MANAGEMENT GOALS</b></p> <p><input type="checkbox"/> Set Mental Health Self-Management Goals</p> <p>NOTES:</p>
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	DATE	LENGTH OF VISIT (minutes)	SERVICE CODE	PROBLEM CODE	REFERRALS APPOINTMENTS	PROVIDER SIGNATURE/ #
1.		0-30	# _____	Primary _____	# _____ RC DNRC LTFU	Signature: _____ Provider #: _____
		31-60	# _____	Other _____	# _____ RC DNRC LTFU	
		61-90	# _____	Other _____	# _____ RC DNRC LTFU	
		_____	# _____	Other _____	# _____ RC DNRC LTFU	
2.		0-30	# _____	Primary _____	# _____ RC DNRC LTFU	Signature: _____ Provider #: _____
		31-60	# _____	Other _____	# _____ RC DNRC LTFU	
		61-90	# _____	Other _____	# _____ RC DNRC LTFU	
		_____	# _____	Other _____	# _____ RC DNRC LTFU	
3.		0-30	# _____	Primary _____	# _____ RC DNRC LTFU	Signature: _____ Provider #: _____
		31-60	# _____	Other _____	# _____ RC DNRC LTFU	
		61-90	# _____	Other _____	# _____ RC DNRC LTFU	
		_____	# _____	Other _____	# _____ RC DNRC LTFU	

<p><b>SERVICE CODES</b></p> <p>53 Comprehensive Mental Health Screening</p> <p>54 Comprehensive Substance Abuse Screening</p> <p>3 Mental Health Counseling</p> <p>65 Substance Abuse/Chemical Dependency Counseling</p> <p>52 Behavioral Health Counseling</p> <p>17 Case Management</p> <p>55 Eligibility Assistance</p> <p>18 Referral/Linkages</p> <p>56 Outreach</p> <p>49 Psychosocial Assessment—complete psycho-social box to right</p> <p>XX Other (see complete HCHN list)</p> <p>61 Screening—TB</p> <p>62 Screening--Diabetes</p> <p>66 Screening—Cardio-vascular</p> <p>67 Screening--Dental</p> <p>68 Screening--Depression</p> <p>69 Screening--Developmental</p>	<p><b>PROBLEMS/ISSUES</b></p> <p>(for each encounter choose 1 primary problem and as many "other" as needed)</p> <p>301 Alcohol-related disorders</p> <p>302 Opioid-related disorders</p> <p>304 Tobacco-related Disorder</p> <p>303 Other substance-related disorders</p> <p>308 Bipolar Disorder</p> <p>310 Depressive Disorder</p> <p>311 Other Mood Disorder</p> <p>312 Disability-Mental</p> <p>317 Personality Disorder</p> <p>307 PTSD</p> <p>305 Anxiety Disorder</p> <p>306 Other Anxiety Disorder</p> <p>319 Schizo-affective Disorder</p> <p>320 Schizophrenia</p> <p>316 Crisis/Suicidal</p> <p>xxx Other Mental disorder (specify—see HCHN codes)</p> <p>401 Abuse—emotional, physical, sexual</p> <p>403 Domestic Violence</p> <p>404 Employment</p> <p>405 Entitlements/Benefits</p> <p>407 Housing</p> <p>408 Legal</p> <p>416 Primary care provider needed</p> <p>411 Transportation</p> <p>413 Case Management Services Needed</p> <p>414 Mental Health Services needed</p> <p>415 Substance Abuse Services Needed</p> <p>417 Dental Care Provider Needed</p> <p>418 Vision Care Provider Needed</p> <p>xxx Other (specify—see HCHN codes)</p>	<p><b>REFERRAL CODES</b></p> <p>500 Primary Care Provider</p> <p>501 Hospital/ER/ED/Urgent Care</p> <p>505 Specialty Medical Care</p> <p>509 TB Clinic-Public Health</p> <p>564 Community Mental Health/ Counseling Services</p> <p>565 Disability Evaluation</p> <p>562 Cognitive Skills Evaluation</p> <p>571 HCHN Provider</p> <p>572 Respite Mental Health Provider</p> <p>553 DSHS</p> <p>512 Medical Detox</p> <p>515 Inpatient Substance Abuse Tx</p> <p>516 Outpatient Substance Abuse Tx</p> <p>575 ATR (Access to Recovery)</p> <p>xxx Social Services (specify—see HCHN Codes):</p> <p>xxx Other (specify—see HCHN Codes):</p>
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