

**NORTH SHORE MENTAL HEALTH
AMHD - Form Checklist**

Name: _____ DOH-CR #: _____

SECTION ONE OF CLINICAL FILE - INTAKE

Date

NSMH ICM Intake Form _____

Rights Acknowledgement Form _____

Consent to Treatment Form _____

Consent to Receive and Release Information Form _____

HIPPA _____

Client Insurance Information _____

Recovery Handbook – client signature confirms receipt _____

Transportation Permission _____

Discharge Summary _____

SECTION TWO OF CLINICAL FILE – ASSESSMENTS

AMHD/Referral for Service Packet _____

Diagnostic Assessment Form _____

Clinical Assessments, Psychiatric, Psychological, and Educational _____

Hospital Records (if applicable) _____

SECTION THREE OF CLINICAL FILE

Locus (rev 3/6/06) _____

MR Screening _____

Cage Aid _____

Demographics at Admission p 1 (rev 10/05/05) _____

Quality of Life Very Brief Interview(rev 12/1/05) _____

SECTION Four OF CLINICAL FILE

CBI/CRF, Auths, SSI/SSDI, DHS/DOH, DVR, STEADFAST, OTHER

Authorizations & Authorization Request _____

SECTION FIVE OF CLINICAL FILE

Initial Recovery Plan (new clients)

 Intake

 6 mth

 12 mth

 18 mth

 D/C

SECTION SIX OF CLINICAL FILE

Clinical Progress Notes

Jan.____ Feb.____ Mar.____ Apr.____ May.____ June.____

July.____ Aug.____ Sept.____ Oct.____ Nov.____ Dec.____

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