

**NORTH SHORE MENTAL HEALTH
AMHD – Form and Audit Checklist**

Name: _____ DOH-CR #: _____

SECTION ONE OF CLINICAL FILE - INTAKE

Date

NSMH CBCM Intake & Assessment Form _____

Consent to Treatment Form _____

Consent to Receive and Release Information Form _____

Rights Acknowledgement Form _____

HIPPA _____

Transportation Permission _____

Discharge Summary _____

SECTION TWO OF CLINICAL FILE – ASSESSMENTS

Client Insurance Information/Verification _____

AMHD/Referral for Service Packet _____

Diagnostic & Assessment Forms _____

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) _____

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

Miscellaneous Documents (Benefits, Award Letters etc.) _____

SECTION FOUR OF CLINICAL FILE

Authorizations & Authorization Request _____

SECTION FIVE OF CLINICAL FILE

Initial Recovery Plans (new clients)

Intake

Master Recovery Plans

6 Month Updates

Consumer Crisis Plan

Consumer/Family/Child Crisis Plan

SECTION SIX OF CLINICAL FILE

Clinical Progress Notes (Prior to Database)

Any Additional Documents