

**Client #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Language:** ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

## Walk-In Clinic Checklist

### Patient Service Representative

#### Initial Paperwork

- ☐ Has Medi-Cal? *Medical #* \_\_\_\_\_
- ☐ Does not have Medi-Cal *Private Insurance?* \_\_\_\_\_
- ☐ Admission *Open Episode, Assign Clinician*
- ☐ Screening Documents *Entered*

### Support Staff

#### Intake

- ☐ Onset of Services

#### Gather Authorization to Exchange Confidential Information

- ☐ Primary Care Physician
- ☐ Referral Source (if different than Primary Care Physician)
- ☐ School (if child)
- ☐ Relative or Near-Kin (e.g. wife, adult child, partner, friend, roommate)

### Psychiatric Social Worker

#### Complete Avatar Forms

- ☐ Admission *Review and make sure it is accurate*
- ☐ Case Coordinator *Add self*
- ☐ Reaching Recovery *Adults only. Complete*

#### During Interview

- ☐ Authorization to Exchange Confidential Information  
*Review for accuracy, add programs, agencies indicated during interview*
- ☐ Authorization to Exchange Confidential Information: BEACON
- ☐ For Children: Client Relationships *Add parent(s) with full names*

#### After Interview

- ☐ Diagnosis (form in Avatar) *Clinician can't bill without this*
- ☐ CSI Admission *You Always forget this*
- ☐ Triage/Consult with Supervisor *disposition, plan*
- ☐ Mitigate Risk Factors *is there a plan? CPS report*

Client #: \_\_\_\_\_ Code: \_\_\_\_\_ Duration: \_\_\_\_\_ Date: \_\_\_\_\_

## Walk-In Clinic Screening

### FUNCTIONING

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### INTERVENTION

1. Walk-In Procedures / Confidentiality
2. Assessment (see below)
3. ROIs
4. Plan

### RESPONSE

#### Identifying Data and Chief Complaint

age, gender, language, ethnicity, living situation,  
family of origin, marital status, employment/school status  
What is the presenting problem?  
Describe current symptoms; including frequency / duration / intensity.

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#### History of the Presenting Illness and Changes in Functioning

Onset / Severity / Duration / Trigger  
What is baseline?

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#### Mental Health History (includes previous treatment)

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Hospitalizations  
Trauma

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#### Substance Abuse History

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#### Medical History

Events/Surgeries  
Allergies  
Appetite  
Sleep  
Exercise

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#### Current Medications

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**Social and Cultural History**

Cultural

Spiritual

Family

**Clinically Relevant Data**

School

Work

Legal

Strengths

**Safety Assessment**

Suicide

Harm to others

Grave Disability

CPS Report

**Diagnostic Information**

Depression

Mania

Psychosis

Anxiety / Adjustment

Alcohol and other Drugs

Mental Disorder d/t AoD or Medical Condition

**ROIs**

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**Tasks**

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**PLAN**