

SOLANO COUNTY MENTAL HEALTH SERVICES - FORMS ORDER SHEET

TO: MH Quality Improvement Unit, MS 5-250, RE: FORMS ORDER PHONE (707) 784-8328 FAX: (707) 427-2774

DATE REQUESTED: _____ NAME OF REQUESTOR _____ PHONE #: _____

PROGRAM NAME: _____ RU: _____

ADDRESS: _____ CITY _____ ZIP: _____ MS #: _____

SUPERVISOR'S APPROVAL: _____ BUDGET CODE: _____

FORM NAME	COLOR	UNIT	QTY
Access Log – Electronic Version Only	White	Each	
Acknowledgement of Receipt (02/12) (1page form) (English & Spanish)	White	Each	
Adult Intake Assessment (Rev. 02/26/10) (8 page form)	Blue	Set	
Adult Assessment Screening Tool (2/26/10) (2 page form) English ____ Spanish ____	White	Set	
Allergy Alert/Physical Health Problem List (Rev 05/02/01) IN REVISION	Green	Each	
Appointment Slips	White	Pad	
Authorization for Release of Medical Information – Electronic Version Only	White	White	
Appeal Form (6/15/11) English ____ Spanish ____	Blue	Each	
Beneficiary Rights & Problem Resolution Guide (6/15/11) English ____ Spanish ____	White	Each	
Change Service Provider Form (6/15/11) English ____ Spanish ____	Green	Each	
Compliment/Suggestion Form (6/15/11) English ____ Spanish ____	Pink	Each	
Grievance Form (6/15/11) English ____ Spanish ____	Yellow	Each	
Charge Out Slip (2008)	White	Pad (100/Pad)	
Child /Adolescent Intake Assessment (12/17/11) (12 pages)	Blue	Set	
Child /Adolescent Screening Tool (2/26/10) (4 page form) English ____ Spanish ____	White	Set	
Client Assessment Update (2/27/12) (4 page form)	Cream	Set	
Client Assessment Update Addendum (1 page form)	Cream	Each	
Client Self Report of Substance Use (English 2/24/11) (Spanish 2/26/10) (1 page form)	White	Each	
Client Service Plan (6/10) (1 page form – double sided) English ____ Spanish ____	Orchid	Ream	
Client Service Plan Addendum – Six Month Review (6/10) English ____ Spanish ____	Orchid	Ream	
Consent For Treatment (rev. 2/10) (1 page form) (English & Spanish)	White	Each	
Day Treatment Authorization (10/1/09)	Yellow	Ream	
Fax Transmission for Medi-Cal Authorization Documents (11/1/12) – Electronic Version Only	White	Each	
Group Service Log (9/3/10)	White	Each	
Guide To Medi-Cal Mental Health Services (March 2009) – Electronic Version Only	White	Each	
Guide To Medi-Cal Mental Health Services – Audio CD (March 2009)	CD	Each	
HIPAA Privacy Complaint Form – Electronic Version Only – Use Solano County Complaint Form	White	Each	
Intake Assessment Addendum (2/26/10)	Blue	Each	
Medication Consent Forms Order Sheet (2/10)	White	Each	
Medication List (7/29/97) (to be used at clinic sites)	White	Each	
Mental Status Examination (rev. 2/16/10)	Blue	Each	

FORM NAME	COLOR	UNIT	QTY
Notice of Action - A, Assessment (6/1/05) English ____ Spanish ____	White/Yellow/Pink	Set	
Notice of Action - B, Authorization Denial (6/1/05) Managed Care Only English ____ Spanish ____	White/Yellow/Pink	Set	
Notice of Action - E, Lack of Timely Services (6/1/05) English ____ Spanish ____	White/Yellow/Pink	Set	
Request to Terminate Staff id in EHR (5/6/14) – Electronic Version Only	White	Each	
Notice of Privacy Practices – Electronic Only English (6/9/04) ____ Spanish (3/9/05) ____	White		
Notification of Billing Errors Serve Admission Discharge (pending update) – Electronic Version Only	White	Each	
Notice for Free Interpreter (flyer)	White	Each	
Parent or Care Giver Report of Client’s Substance Use (Rev. 2/26/10) (1 page) (English & Spanish)	White	Each	
Payor Financial Information (PFI) (4/4/14) (2 pages)	White	Ream	
Psychiatric Emergency Team Crisis Evaluation (6/27/11) (3 page form) PET ONLY	Yellow	Each	
Psychiatric Services Client Plan (7/9/02)/Target Symptom Inventory (11/18/99)	Gray	Each	
Request For Access to Medical Information – Electronic Version Only	White	Each	
Referral to Vocational Rehabilitation (3-Part NCR) (4/5/11)	White	Set	
Serious Incident Report - Mental Health Services (12/7/12) – Electronic Version Only	White	Each	
Service Authorization (9/1/09) (1 page form – double sided)	Pink	Ream	
Share of Cost Obligation Agreement (8/12/10) (NCR form)	White/Yellow/Pink	Set	
Solano County Complaint Form – Electronic Version Only	White	Each	
Ties (for RED Transport Bags - (50 ties in each bag)	Red	Bag	
Transmittal Form (for RED Transport Bags)	White/Yellow	Set	

Electronic forms can be found on the Mental Health Intranet (for County Employees) or the Solano Behavioral Network of Care website (for Contract Agencies)

Link to Mental Health Intranet: <http://hssweb/MH/default.aspx>

Link to Solano Behavioral Network of Care website: <http://solano.networkofcare.org/mh/index.aspx>