## **Accessing Custom Forms from Client Intake**

Agencies can create Custom Forms and assign them to appear in different modules in AccuCare. Custom Forms can also be assigned a Category, to help organize how they appear in lists when selecting a Custom Form to administer. The following is an example of how access a Custom Form that was assigned to Client Intake

1. Click on Client Intake from the Main Menu or the top Ribbon



2. Select [Add New Client] for a new client, or select an existing client.

| nt Intake          |                        |                                 |  |            |                  |                      |                        |                 |                 |
|--------------------|------------------------|---------------------------------|--|------------|------------------|----------------------|------------------------|-----------------|-----------------|
| rch by: 💿 Last Nan | ne 💿 Date Of Birth 🔘   | Phone 💿 SSN 💿 Client Ref        | ference # 💿 Billing Referenc   | e# Na      | me               | DOB                  | Phone                  | SSN             | Client Ref #    |
| Begins with a      | or matches: demo       |                                 | Search   | lav All De | mo, Patient A.   | 10/11/1967           | (502) 436-1567         | 111-22-3333     |                 |
| Client Name        | Demo Patient A         |                                 |  | De         | mo, Patient J.   | 06/24/19/3           | (405) 123-4567         | 123-45-6789     |                 |
| Level of Care      | Level 3.5 High-In      | tensity Residential             |  | De         | mo, Patient L.   | 06/03/2008           | (703) 785-4527         | 321-01-1234     | 000006          |
| Location:          | (ABC) ABC Treatr       | nent Center                     |  | De         | mo, Patient M.   | 08/08/2010           | (580) 333-0000         |                 | 000003          |
|                    |                        |                                 |  | De         | mo, Patient S.   | 03/04/2008           | (703) 785-4527         |                 | 000004          |
| emographics        | Case Management        | Billing Payers                  | Fee Schedule Referrals   | AI/AN      | Custom Forms     | 5 Multi-Dime         | ensional Assessme      | ent Comm        | nents           |
| Edit               |                        |                                 |  |            |                  |                      |                        |                 |                 |
| M                  |                        |                                 |  |            |                  |                      |                        |                 |                 |
| main               |                        |                                 |  |            | act information- | E04 W 12th St        |                        |                 | 426-1567 - 116  |
| Client Name:       | Demo, Patient A.       | First Encounter Da              | ate: 10/17/2022  | Add        | ress:            | 504 W 12th St        |                        | Phone 1: (302   | ) 450-1507 - HU |
| Nickname:          |                        | Marital Status:                 | Married  |            |                  | Aberdeen, WA 51      | 269                    | Phone 3:        |                 |
| Date of Birth:     | 10/11/1967             | Work Status:                    | Full-time (35 hrs+/wk)   |            |                  |                      |                        | Phone 5.        |                 |
| Gender:            | Female                 | Race:                           | American Indian  | Ema        |                  |                      |                        | -               |                 |
| Social Security #: | 111-22-3333            | Religion:                       | Catholic   | Eme        | rgency Contact:  | Patient B Demo       |                        | Phone: (502     | ) 436-1568 - Ho |
| Client Reference # | :                      | Ethnic Group:                   |  |            |                  |                      |                        |                 |                 |
|                    |                        |                                 |  |            | ary              |                      |                        |                 |                 |
| Legal Status       |                        |                                 |  | Mili       | tary Status: Nor | ne - no military ser | Family Memb            | ers with Milita | rv Background   |
| Involved with Chil | d Protective Services: | No                              |  | Mil        | tary Branch: Not | t Applicable         | Number of Fa           | mily Members    | in Military:    |
| Current Probation  | Status:                | None                            |  |            |                  |                      |                        |                 |                 |
| Current Parole Sta | tus:                   | None                            |  | Add        | tional           |                      |                        |                 |                 |
| Family in Criminal | Justice System:        | No                              |  | Priv       | acy Agreement S  | Signed: No           |                        | Archived: N     | o               |
|                    |                        |                                 |  |            |                  |                      |                        |                 |                 |
|                    |                        |                                 |  |            |                  |                      |                        |                 |                 |
|                    |                        |                                 |  |            |                  |                      |                        |                 |                 |
|                    | A 44 4 1               | Official Astronomy of the state | Distance Clinication of the second se | 1 m h      | and Class        | Defensel Course C    | Access Director Access | Class           |                 |

3. After client is selected, go to the Custom Forms tab in Client Intake. Then Select the [Add] button.

| arch by: 🔘  | Last Name 💿 Date Of Birth 💿 Phone 💿 SSN 💿 | Client Reference # 🔘 Billing Reference # | Name        | DOB               | Phone            | SSN           | Client Ref # |
|-------------|---|--|-------------|-------------------|------------------|---------------|--------------|
| Beni        | ns with or matches: demo                  | Search Display All                       | Demo, Patie | nt A. 10/11/1967  | (502) 436-1567   | 111-22-3333   |              |
| or or       | IN D D D I II                             | Scaler Display Air                       | Demo, Patie | nt J. 06/24/1973  | (405) 123-4567   | 123-45-6789   |              |
| Clier       | It Name: Demo, Patient L.                 |  | Demo, Patie | nt L. 06/03/2008  | (703) 785-452    | 7 321-01-1234 | 000006       |
| Leve        | of Care: No Episode Assigned              |  | Demo, Patie | nt M. 08/08/2010  | (580) 333-0000   | )             | 000003       |
| Loca        | ition:                                    |  | Demo, Patie | nt S. 03/04/2008  | (703) 785-4527   | 7             | 000004       |
| Danaaraahii | cs Case Management Billing Pay            | ers Fee Schedule Referrals A             | /AN Custo   | m Forms Multi-Dir | mensional Assess | ment Com      | ments        |
| Add         |   |  | •           |                   |                  |               |              |

4. Select the Category (if applicable). You may not have any Categories, so this can be left blank.

|     | Create New Forr  | n                                     |  |
|-----|------------------|---------------------------------------|--|
| -   |                  |                                       |  |
|     | Select Category: | · · · · · · · · · · · · · · · · · · · |  |
|     |                  |                                       |  |
|     | Select Form:     | CSOSA/RSC                             |  |
| Adn |                  | Occupational Therapy                  |  |
|     |                  | Physical Therapy                      |  |
| l   |                  | Speech/Language                       |  |
|     |                  | Tribal Tech Adolescent                |  |
|     |                  | Tribal Tech Adult                     |  |

Select the Custom Form name from the list.
NOTE: If category is selected, you'll only see the forms that were assigned to that Category. To see all of the forms, leave Category blank



6. Upon completion, you can Save and electronically Sign Off a copy to the Client's Chart, Save and Close the form, or Cancel if you do not want to save the form.

| Client Name Date of Birth<br>2023 Jake Smith<br>Witness Name | 00/25/2023 | Joanne L. Dean | 01/01/1998    |
|--|------------|----------------|---------------|
| 2023 Jake Smith<br>Witness Name                              | Date       | Client Name    | Date of Birth |
| Witness Name   | 08/25/2023 | Jake Smith     |               |
|  | Date       | Witness Name   |               |
|  |            |                |               |
|  |            |                |               |