Adding a New Client to AccuCare to Start an Assessment

Before creating an assessment, you will first need to determine if the client already exist or you need to create as new client in AccuCare.

First locate the Client Intake Icon either on Main Menu or Ribbon

Step 1:





The first action you need to take is to determine if the client has already been added to the database

Step 2: Click on the [**Display All**] button to see all the clients. The default setting for this list is in alphabetic order by last name

Client Intake								
Search by: 💿 Last Name 💿 Date C)f Birth 💿 Phone 💿 SSN 💿 Client Reference #	Name	DOB	Phone	SSN	Client Ref #	Billing Ref #	
Begins with or matches:	Search Display All	Able, Tom	12/03/1987	(402) 333-4444	232-32-2222	TA19872222	TA19872222	-
or and	Scalen Display All	Doe, Jane	03/07/1975		111-22-3333	JD19753333		
Client Name:		Doe, John	10/31/2014					
Level of Care:		Doe, John						
Location:		Edwards, Jack	09/09/1980	(430) 343-4333	112-11-2121			-
Demographics Case Manager	ment Billing Payers Fee Schedule Referrals Al/A	N Custom Forms	Multi-Dim	ensional Assessm	ent Com	ments		

If you have a long list of clients, you could also search for the client by Last Name, DOB, Phone, SSN or Client Ref #.

Step 3: Type in the first two or three letters of the last name then click on the [**Search**] button. This will narrow down your search.

Client Intake							
Search by: 💿 Last Name 💿 Date Of Birth 💿 Phone 💿 SSN 💿 Client Reference # 💿 Billing Reference #	Name	DOB	Phone	SSN	Client Ref #	Billing Ref #	
Begins with or matches: Smi Search Display All Client Name:	Smith Jr, Alice Smith, Amber Smith, ohn			123-45-6789			•
Level of Care: Location:	Smith, .uke Smith, Randy	10/11/1987	(402) 222-3333	222-22-2222 111-22-3334	RS19873333		•
Demographics Case Management Billing Payers Fee Schedule Referrals Al/A	N Custom Forms	Multi-Di	mensional Assess	ment Con	nments		

Important Note: When you do your search and find no clients to display from your search this mean your client is new to the database.

Client Intake								
Search by: 💿 Last Name 💿 Date C	Df Birth 💿 Phone 💿 SSN 💿 Client	Reference # 🔘 Billing Reference	# Name	DOB	Phone	SSN	Client Ref #	Billing Ref #
Begins with or matches:	Jackson	Search Display A	No clients to displa	у.				
Client Name: Level of Care: Location:		1						
Demographics Case Manager	ment Billing Payers	Fee Schedule Referrals	AI/AN Custom For	ms Multi-D	imensional Assess	ment Cor	nments	



Step 4: Click on the [Add New Client] button to add the client to your database.

earch by:	Of Birth Phone SSN Client Reference # Jackson Se) Billing Reference # Name I arch Display All No clients to display.	DOB Phone SSN Client Kef # Billing Kef #
Demographics Case Manage	ement Billing Payers Fee Schedule	Referrals Al/AN Custom Forms Contact Information	Multi-Dimensional Assessment Comments
Client Name: Nickname: Date of Birth: Gender: Social Security #: Client Reference #:	First Encounter Date: Marital Status: Work Status: Race: Religion: Ethnic Group:	Address: Email: Emergency Contact:	Phone 1: Phone 2: Phone 3: Phone:
Legal Status Involved with Child Protective Current Probation Status: Current Parole Status: Family in Criminal Justice Syste	Services:	Military Military Status: Military Branch: -Additional Privacy Agreement Signed	Family Members with Military Background: Number of Family Members in Military: d: Archived:
	Add New Client Delete Client	Print File and Sign Referral Source	e Setup Export Close

Special note: After finding out the client does not exist and then trying to add your client to Client Intake

you may find the client you are trying to enter <u>may actually exists</u> in the database. The client may be hidden due to your security level. Please contact your Super Admin (the person who assigned your user-id and password) or Orion Healthcare Technology Customer Support for help.

ente grophiles								
Main				Contact Infor	mation			
Title:	Mr. 👻	First Encounter Date:	03/27/2018	Address 1:				
First Name*:	Tom	Marital Status:	Married 🔻	Address 2:				
Middle Name:		Work Status:	Full-time(35 hrs+/wk) 🔻	City:				
Last Name*:	Able	Religion:	Protestant 🔻	State:		Zip Code:		
Date of Birth:	12/03/1987	Religion Other:		Phone 1:	()	X	Home	-
Gender*:	M	Race:	White (Not of Hispan 🔻	Phone 2:	()	X	Home	
Social Security #:	232-32-2222 False SSN	Ethnic Group:		Phone 3:		X	Home	•
Nickname:			SSN: 232322222 is alrea	dy used by Tom	Able.	Relation:		
egal Status			OK	a eait the record		Home	*	
<i>egal Status</i> Currently Involved v	with Child Protective Services:			mutury		Home	•	
<i>egal Status</i> Currently Involved v State:	with Child Protective Services:	Other:	OK	Militant St		Home Missing Data	• •	
<i>egal Status</i> Currently Involved v State: Current Probation S	with Child Protective Services: State	Other:		Militan St Militan St	ih:	Home Missing Data Not Applicable	* *	
egal Status Currently Involved v State: Current Probation S Program:	with Child Protective Services: State tatus: Progr	Other:	OK	Military Brand Client has fan	the hilly with Military Background:	Home Missing Data Not Applicable Missing Data	• • •	
egal Status Currently Involved v State: Current Probation S Program: Current Parole Statu	with Child Protective Services: State tatus: Progr us:	Other:	OK	Militace St Militace St Militace St Client has fan Number of fa	th: nily with Military Background: mily members in Military:	Home Missing Data Not Applicable Missing Data	Don't know Refu	sed



Step 5: After clicking on the [Add New Client] button, fill out at the very least the Main and Contact Information quadrants of the prior to conducting an assessment. The Legal and Military quadrants are optional but recommended (if applicable to your organizations data collection requirements).

n by: 💿 Last Name	e 💿 Date Of Birth 💿 Phone	SSN Client Refe	rence # 🔘 Billing Reference #	Name	DOB	Phone	SSN	Client Ref # Billing R
Demographics			Fill-out Main an	d Contact	Information			
Main		-		Contact Inform	mation			
Title:	•	First Encounter Date:	03/10/2017	Address 1:	4334 West Side Street			
First Name*:	Tom	Marital Status:	Married 🔻	Address 2:				
Middle Name:		Work Status:	Full-time(35 hrs+/wk) 🔻	City:	Omaha			
Last Name*:	Able	Religion:	Protestant 💌	State:	NE	Z	ip Code:	68130
Date of Birth:	12/03/1987	Religion Other:		Phone 1:	(402) 333-4444	х		Mobile 🔻
Gender*:	M •	Race:	White (Not of Hispan 🔻	Phone 2:	()	Х		Home 🔻
Social Security #:	232-32-2222 False SSN	Ethnic Group:		Phone 3:	()	Х		Home 🔻
Last Name at Birth:				Email:				
Client Reference #:	TA19872222			Emergency Co	ontact Information			
Nickname:				Full Name:	Jane Able	R	elation:	wife
Land Status				Phone:	(402) 333-5545		Home	•
Constitution of the second second				Military				
Currently involved w	ith Child Protective Services:	0.1		Military Status		Missir	ng Data	-
State:	State	Other:		Military Branc	h:		pplicable	-
Current Probation St	tatus:			Client has fam	ilv with Military Background:	Missir	ng Data 🔻	
Program:	Progr	am other:		Number of fa	milv members in Military:	0	0	Don't know 🔍 Refused
State:	5:	Other			,,,.,,.,,,			
Devery have any fea	state	ties autom?		Additional				
Do you nave any fan	miy involved in the criminal jus	uce system:		Privacy Agree	ment Signed: 🔲	Archiv	ed:	
				_				

Step 6: After adding the new client demographics in Client intake, click the ASI Icon found ribbon above to open the Assessment module.

AccuCare	Profile Intake	ASI Scheduler Adm/D	is Billing	Q Diagnosis	Notes T	TxPlans F	orms Chart	Welcom	ne, Ron Super A IP ▼ Log O	Admin ut 🕩	
Client Intake											
Search by: 💿 Last Name 💿 Date Of Birth 💿 Phone	e 💿 SSN 💿 Clier	nt Reference # 💿 Billing F	Reference #	Na	me		DOB	Phone	SSN	Client Ref #	Billing Ref #
Begins with or matches: able		Search	Display All	Ab	e, Tom		12/03/1987	(402) 333-4444	232-32-2222	TA19872222	TA19872222
Client Name: Able, Tom Level of Care: Level III.3 Monitored inpu Location: (ABCT) ABC Treatment	atient										
Demographics Case Management Billing Payers Fee Schedule Referrals AI/AN Custom Forms Multi-Dimensional Assessment Comments											



Step 7: Prior to clicking the [New] button check that you have right client by reviewing the SSN and / or Client Reference #. If you need to change some information, click the [Client Intake] button to go back and make changes.

File > Open Assessme	nt						
Search by:	Last Name	•		Name		SSN	Client Reference #
Begins with or matches:				Able,	ſom	232-32-2222	TA19872222
	Search Displ	ay All				-	
					2		
Select Questionnaire Ty	pe: Adult		-				
Date	Interviewer		Question	naire	File/Sign Si	tatus	Select
No records to display.							
			Step 8: E	f everything	g is in order		
		clie	ck the [Ne	w] button	o start a new		
			á	assessment	·		
Client	Intake New	Modify	Delete	Reports	File and Sign	Custom Forms	Close

For additional questions, contact AccuCare Support at 800-324-7966 or email support@orionhealthcare.com and we will be happy to assist you!

