



Division of Public and Behavioral Health Policy

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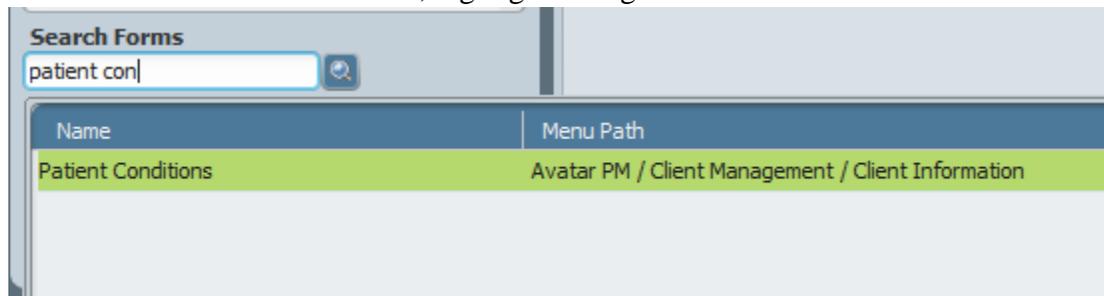
1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

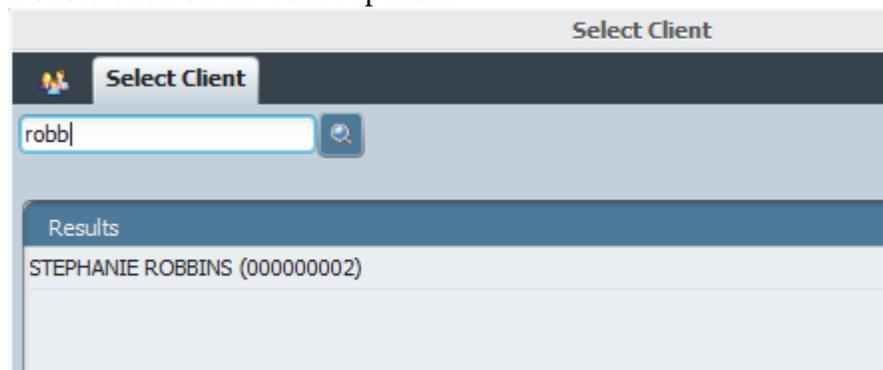
Patient conditions can attribute to underlying health issues that may impact his or her alcohol or drug use as well his or her treatment plan.

2.0 Procedure

1. In the Search Forms field, type in Patient Conditions.
 - a. Double-click Patient Conditions, highlighted in green..



2. The Select Client form will display.
 - a. Search for client by Client ID # or Last Name.
 - b. Double-click on the correct patient.



3. If the client has more than one episode in the system, the episode selection screen will open.
 - a. Double-click the correct episode.



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Chart Patient Conditions

Name: STEPHANIE ROBBINS
ID: 2
Sex: Female
Date of Birth: 08/01/1995

Episode	Program	Start	End
3	Residential	07/24/2015	
2	S1 Level 1 OP Adults-Indv~INACTIVE	06/15/2015	
1	S1 Assessment Adult Pre-Admit~INACTIVE	06/15/2015	06/15/2015

4. If the patient has previous conditions that were entered, the following screen will appear.

Chart Patient Conditions

Data Entry By (Option)	Data Entry Date	Data Entry Time
ADMIN,SAPTA	07/30/2015	02:43 PM

5. You can add, edit, or delete conditions from the bottom of the screen.

Buttons: Add, Edit, Delete, Cancel

6. To add a new condition, click on the Add button to continue.
a. The Patient Conditions window will open.

Chart Patient Conditions

Patient Conditions

Submit

Suicidal/Self-Abusive
 Yes No

Seizure Disorders
 Yes No

Respiratory Condition

Heart Conditions
 Yes No

Diabetic
 Yes No

Chemical Withdrawal
 Yes No

Other Patient Condition Remarks

Pregnancy
 Yes No

Patient Allergies
 Yes No Unknown

Patient Allergies
Asperin

History Of IV Drug Use
 Yes No

Recent Separation/Divorce
 Yes No

History Of D/V Abuse
 Yes No

7. Select the appropriate radio button for the **Suicidal/Self-Abusive** field.
8. Select the appropriate radio button for the **Seizure Disorders** field.



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9. Choose the **Respiratory Condition** from the drop-down menu.
10. Select the appropriate radio button for the **Heart Conditions** field.
11. Select the appropriate radio button for the **Diabetic** field.
12. Select the appropriate radio button for the **Chemical Withdrawal** field.
13. Select the appropriate radio button for the **Pregnancy** field.
14. Select the appropriate radio button for the **Patient Allergies** field.
 - a. If yes is chosen, the patient allergies field selection will open.
15. Enter the **Patient Allergies** by entering the allergies in the **Patient Allergies** box.
 - a. Your selection for patient allergies will be recorded. This box will only be available if you click yes in the Patient Allergies radio button (#8 above).
16. Select the appropriate radio button for the **History Of IV Drug Use** field.
17. Select the appropriate radio button for the **Recent Separation/Divorce** field.
18. Select the appropriate radio button for the **History of D/V Abuse** field.
19. Enter in any Other Patient Condition Remarks in the text box.

The screenshot shows a web-based form titled "Patient Conditions". On the left, there is a sidebar with a "Submit" button and several icons. The main form area contains the following fields:

- Suicidal/Self-Abusive:** Radio buttons for Yes (selected) and No.
- Seizure Disorders:** Radio buttons for Yes (selected) and No.
- Respiratory Condition:** A dropdown menu.
- Heart Conditions:** Radio buttons for Yes and No (selected).
- Diabetic:** Radio buttons for Yes and No (selected).
- Chemical Withdrawal:** Radio buttons for Yes (selected) and No.
- Pregnancy:** Radio buttons for Yes and No (selected).
- Patient Allergies:** Radio buttons for Yes (selected), No, and Unknown. Below this is a text input field containing "Neomycin".
- History Of IV Drug Use:** Radio buttons for Yes (selected) and No.
- Recent Separation/Divorce:** Radio buttons for Yes (selected) and No.
- History Of D/V Abuse:** Radio buttons for Yes and No (selected).
- Other Patient Condition Remarks:** A text area with a scroll bar, highlighted by a red box. A red arrow points to it from the right.

20. Click the **Submit** button in the top left-hand corner tab.
 - a. This will save the form and bring you to the Avatar home screen.



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