

Users Management

Executive Dashboard

Users

- Super Admin

- Admin

- Other Users

Clients

Forms

- Templates

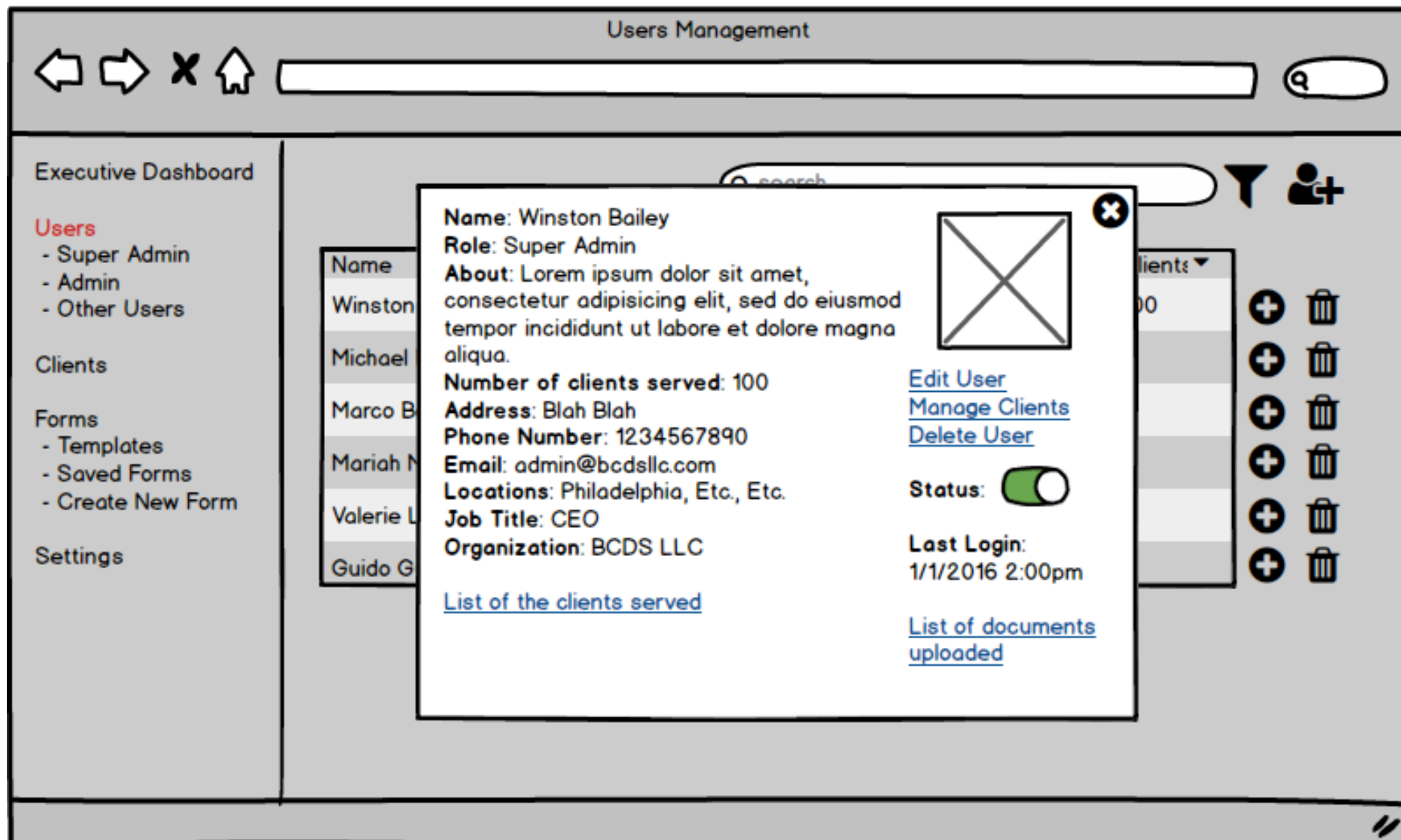
- Saved Forms

- Create New Form

Settings

Q search

Name ▲	Job title ▲	Role ▲	User Type ▲	Status	Location(s) ▼	Clients ▼	<div><div></div><div></div></div>
Winston Bailey	CEO	Supervisor	Super Admin	<input checked="" type="checkbox"/>	All	100	<div><div></div><div></div></div>
Michael Kears	MBA	Therapist	Admin	<input checked="" type="checkbox"/>	Bucks/Chest	5	<div><div></div><div></div></div>
Marco Botton	Lorem	Ipsum	User	<input checked="" type="checkbox"/>	Lancaster	6	<div><div></div><div></div></div>
Mariah Maclachla	Ipsum	Therapist	User	<input type="checkbox"/>	Philadelphia	0	<div><div></div><div></div></div>
Valerie Liberty	Lorem	Teacher	User	<input checked="" type="checkbox"/>	Union	7	<div><div></div><div></div></div>
Guido Guilizzoni	Ipsum	Theapist	User	<input checked="" type="checkbox"/>	Delaware	8	<div><div></div><div></div></div>



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Name ▲	Age ▲	Gender ⬆	Providers ⬆	Status	Location(s) ▼	Therapists ▼	<div><div>+</div><div>🗑</div></div>
John Doe	12	Male	1	<input checked="" type="checkbox"/>	All	2	<div><div>+</div><div>🗑</div></div>
Jane Doe	15	Female	2	<input checked="" type="checkbox"/>	Bucks/Chester	1	<div><div>+</div><div>🗑</div></div>
Dwayne J	18	Male	1	<input checked="" type="checkbox"/>	Lancaster	0	<div><div>+</div><div>🗑</div></div>
Rihanna	16	Female	1	<input type="checkbox"/>	Philadelphia	1	<div><div>+</div><div>🗑</div></div>
Jill Nolan	12	Female	3	<input checked="" type="checkbox"/>	Union	1	<div><div>+</div><div>🗑</div></div>
Kris Paul	14	Male	1	<input checked="" type="checkbox"/>	Delaware	3	<div><div>+</div><div>🗑</div></div>

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Settings

Name

John Doe

Jane Do

Dwayne

Rihanna

Jill Nolan

Kris Pau

Name: John Doe

About: Lorem ipsum

DOB: 05/06/2004

Weight: 100 lbs

Race: Hispanic

Location: Philadelphia

Guardian: Janice Doe

Mother

Grade: Junior

School: Blah

Therapists: Winston, Michael

Providers: Winston, Michael

Age: 12

Height: 110 cm

Gender: Male

Relationship:

School: Blah

Therapists: Winston, Michael

Providers: Winston, Michael

Client Details

[Edit Client](#)

Delete Client

Status:



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Client Name

> Profile

Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia

Profile

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Custom Report

Name: John Doe

About: Lorem ipsum

DOB: 05/06/2004

Age: 12

Weight: 100 lbs

Height: 110 cm

Race: Hispanic

Gender: Male

Address: 123 St Apt 1, City, State, 19104

Phone Number: 1234567890

Email: abcd@gmail.com

Location: Philadelphia

Guardian: Janice Doe

Relationship: Mother

Guardian Address: 123 St Apt 1, City, State

Guardian Phone Number: 1234567890

Guardian Email: abcd@gmail.com

Grade: Junior

School: Blah

Diagnosis: Lorem ipsum dolor sit amet

Therapists: Winston, Michael

Providers: Winston, Michael

Client Details

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Client Name

Progress

Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia

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Client Name

► Forms


Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia



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BSP

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Add Form

Form Name	Last Filled By	Last Filled Time	
FBA Interview Form	Jack Peters	5/15/16 9:00am	<div><div></div><div></div><div></div></div>
Motivational Assessment	Roy Peters	5/15/16 9:00am	<div><div></div><div></div><div></div></div>
FAST	Bill Hugh	5/15/16 9:00am	<div><div></div><div></div><div></div></div>
FBA Summary Report	Kim Lou	5/15/16 9:00am	<div><div></div><div></div><div></div></div>
Antecedents	Roman Jacob	5/15/16 9:00am	<div><div></div><div></div><div></div></div>

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[Client Name](#)

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[Forms](#)

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Form Name


Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia



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Form Name

[Fill Form](#)

/ /



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Date	01/02/16	01/02/16	03/02/16
Time	9:00	13:00	10:00
Therapist Name	Winston	Laura	Loki
View/Edit/Delete	View/Edit/Delete	View/Edit/Delete	View/Edit/Delete
Field 1	Blah	Blah	Blah
Field 2	12	21	44
Field 3	23	4	43
Field 4	Test test	test	TEST
Field 5	abc	23	aaa

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[Client Name](#) > Medications


Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia



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Custom Report

Medication	Prescribed By	Date	Time	Dosage	Duration	Active	
Antihistamine	Jack Peters	5/14/16	9:00	3x	2 days	<input checked="" type="checkbox"/>	<div><div></div><div></div></div>
Aspirin	Roy Peters	5/15/16	19:00	3x	5 days	<input type="checkbox"/>	<div><div></div><div></div></div>
Amoxicyllin	Bill Hugh	5/5/16	11:00	2x	12 days	<input checked="" type="checkbox"/>	<div><div></div><div></div></div>
Ibuprofin	Kim Lou	4/19/16	10:00	1x	14 days	<input checked="" type="checkbox"/>	<div><div></div><div></div></div>
Vitamins	Roman Jacob	2/25/16	9:00	3x	10 days	<input type="checkbox"/>	<div><div></div><div></div></div>

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Client Name > BSP


Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia



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Antecedents

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

Setting Events

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

Consequences

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

Crisis/Concerns

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

Skills/Deficiets

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

Target Behaviors

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

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[BSP](#)

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Behaviors

Name: John Doe

DOB: 4/4/2004

Age: 12

Therapists: Winston, Michael

Location: Philadelphia

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Custom Report

Daily

Weekly

Monthly

Quarterly

Yearly

Current Behaviors

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum

Target Behaviors

1. Lorem ipsum

2. Lorem ipsum

3. Lorem ipsum

4. Lorem ipsum

5. Lorem ipsum



Client Name ➤ Notes



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Daily
Weekly
Monthly
Quarterly
Yearly

1. Date: Lorem ipsum
2. Date: Lorem ipsum
3. Date: Lorem ipsum
4. Date: Lorem ipsum
5. Date: Lorem ipsum

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Add New Form

Form Name	Created By	Time
FBA Interview Form	Jack Peters	5/15/16 9:00am
Motivational Assessment	Roy Peters	5/15/16 9:00am
FAST	Bill Hugh	5/15/16 9:00am
FBA Summary Report	Kim Lou	5/15/16 9:00am
Antecedents	Roman Jacob	5/15/16 9:00am

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Clone

Assign

[View Templates](#)

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Add New Form

Create Form from Template

Template Name	Created By	Time	Forms Created
Behavior Therapist	Jack Peters	5/15/16 9:00am	5
Psychiatrist	Roy Peters	5/15/16 9:00am	15
Therapeutic Support Staff	Bill Hugh	5/15/16 9:00am	5
Teacher	Kim Lou	5/15/16 9:00am	10
Mobile Therapist	Roman Jacob	5/15/16 9:00am	22

[View Forms](#)