

sample Client MR sample=1 DOB: n/a F42.2 Obsessive-compulsive disorder,substan
Package: full chart

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sample Client sample=1

Allergies: Allergy field is incomplete

Admission: 05/20/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Date 1st contact	Rep on intake call	1st contact name	1st contact phone	1st contact relationship
05/20/2024	Jennifer Rosa, Administrator	n/a	n/a	n/a

Location: Step Into Recovery Centers INC

Admission Date	Referrer	Contact?	Anticipated Discharge Date
05/20/2024 12:40 PM		No	
Discharge/Transition Date	Discharge/Transition to		
05/23/2024 08:26 AM			

PARTICIPANT INFORMATION HAS NOT BEEN VALIDATED - PLEASE VALIDATE

participant Information

sample Client

Current Address:

Date of Birth: SSN:

Birth Sex:

Pronouns:

Preferred Language:

Marital Status:

Race:

Ethnicity:

Payment Method

Contacts

Allergies and Food Restrictions

Allergies

Allergy field is incomplete

Diets

Regular Diet

Lab Testing

Lab Bill To	Lab Guarantor Type	Lab Guarantor	Lab Guardian	Lab Patient Class
Unassigned	Unassigned	Unassigned	Unassigned	Not Applicable
Lab Primary Insurance	Lab Secondary Insurance			
Unassigned	Unassigned			

participant Record Source: N/A

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Admission: 05/20/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Pre-Admission Assessment 05/20/2024 12:58 PM

Date/Time of Assessment: 05/20/2024 12:58 PM

Race:

Marital Status:

Number of Marriages:

Living Arrangements

With whom does the patient live:

Does the patient wish to return to current living situation? ☐ Yes ☐ No

Does the client have children?

Are you pregnant?

Are you employed?

Does your employer know you are here?

If yes, when are you supposed to return to work?

Do you have any mobility issues/concerns?

Are you ambulatory?

Presenting Problem/Crisis/Precipitating Events leading to seeking treatment at this time:

Contributing Factors Leading to Seeking Treatment:

[illegible][illegible]

Substance Abuse History						
Substance History:	First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued)
Alcohol						
Marijuana						
Cocaine (Powder)						
Crack Cocaine						
Crystal Meth						
Heroin						
Suboxone/Zubsolv						

Oxycontin						
Methadone						
Other Opiates						
Benzodiazepines						
Hallucinagens						
Amphetamines						
Inhalants						
Ketamine (Special K)						
Triple C's						
Codeine						
Ecstasy						
Bath Salts						
Flakka						
MDMA/Molly						
Steroids						
K2Spice						
Kratom						
Kava						
Other OTC drugs						
Other						

Current Signs and Symptoms of Withdrawal

History of High Risk/Severe Withdrawal Symptoms:

Neurovegetative Signs and Symptoms

Sleep Patterns:

Good☐

Fair☐

Poor☐

Hours per Night:

Sleep Interruptions:

Appetite:

Good☐

Fair☐

Poor☐

Unanticipated weight gain?

Unanticipated weight loss?

Loss or gain over the following time period?

Yes

☐

No

☐

Suicidal/Homicidal Lethality Risk Assessment

Suicidal Ideation:

How long has the client had these thoughts?

Does the Client have a plan?

Past history of suicide attempts?

How was the attempt made?

Homicidal Ideation?

History of Violent Behavior (describe)

Self Abuse History

Does patient have a history of self mutilation?

How and where does client typically disfigure him/herself?

Eating Disorders:

Preadmission Mental Status

Speech:

Judgment:

Insight:

Thought Process:

Memory:

Attention:

Affect:

Family History

Father:

Mother:

Siblings:

Spouse:

Children:

Other:

**Rationale for Treatment
Admission:**

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Vital Signs

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Blood Pressure		Blood Pressure		Temperature	Oxygen Saturation	Pulse	Respiration	Comments	Logged By	Logged At
Date	Systolic	Diastolic								

Glucose Logs

No records available.

Weights

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Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
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No height/weight records.

Heights

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Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
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Date Height Logged By Logged At

Orthostatic Vital Signs

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Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Lying		Sitting		Standing					
Date	BP	HR	BP	HR	BP	HR	Resp.	Temp.	O2 Comments Logged At Logged By

CIWA-Ar

No CIWA-Ar assessment logged

CIWA-B

No CIWA-B assessment logged

COWS

No COWS assessment logged

Medications Brought In

sample Client sample=1

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No Medications Brought In Logged.

Rounds

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Location: Step Into Recovery Centers INC
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Canada)

MAT Orders

sample Client sample=1

Allergies: Allergy field is incomplete

Admission: 05/20/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Current/Active OrderNo Current/Active Order.

Order History

Start Date	End Date	Phase	Order Type	Medication	Dose	Instructions	Ordered By	Entered By	Discontinued By	Status
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