

HOUSTON HDSA – MENTAL HEALTH SERVICES
CLIENT RECORD EVALUATION FORM

AGENCY: _____

FILE #: _____

CRITERIA	SATISFIED?		NOTES
CONSENTS			
Consent for service in the record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Consent for exchange/release of information in record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of Client Rights and Responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of receipt of Grievance Procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of receipt by client of client confidentiality policy.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
ELIGIBILITY			
HIV+ or an affected significant other	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Residency in the Houston HSDA is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Income no greater than 300% of the Federal poverty level is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof of identification.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Proof that bereavement counseling initiated and completed within 12 months of the death.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
INITIAL CONTACT			
Contact attempted/made w/in 24 hours of case assignment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
If contact not made, noted in record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Subsequent attempts are noted.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
INTAKE			
Intake form is completed w/in acceptable timeframe of obtaining client's written consent for services.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
SERVICE COORDINATION			
Client services indicate coordination of activities.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Documentation of comprehensive assessment in client record	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Documentation of psychosocial history in client file.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Documentation of Treatment Plan in client file.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	

CRITERIA	SATISFIED?		NOTES
SERVICE COORDINATION (CONT'D)			
Documentation of Progress Notes in client file.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Documentation of discharge summary in client file, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Documentation of insurance verification is in client file.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
FILE FORMAT			
One record/file per client.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Record is legible and in a consistent format.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Client name is on all records.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
Staff sign name on all entries in the client record.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
DOCUMENTATION OF SERVICE			
TYPE OF SERVICE	DOCUMENTED?		NOTES
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	
	<input type="checkbox"/> Yes <input type="checkbox"/> Partial	<input type="checkbox"/> No <input type="checkbox"/> NA	

Comments: _____
