

Caregiver Internal Mental Health Referral

Family Services tab. Events tab. Click Add Event. Select Caregiver Internal Mental Health Referral.

Data Enter: Initial Date, Description, Service Area (must select for Issue field to become available), Issue, Case Worker. Event notes (entered to share the concern, click clock then type concern).

All other action pertaining to the referral is entered as "Add Action".

Date Closed is entered when the entire referral is completed and staff are complete with all their follow up with the family. When the referral is completed, open the event, enter the closed date and save.

Add Caregiver Internal Mental Health Referral



Initial Date	<input type="text"/>	Case Worker	Hartley, Shayna
Description	<input type="text"/>		
Service Area	Mental Health		
Issue	<input type="text"/>		
		Date Closed	<input type="text"/>

Event Notes

Event Notes

Actions

Add Action



Scheduled	Action Date	Action Type	Description	Status	Case Worker	Referred To	Time
No actions have been entered associated with this event. Click "Add Action" above to add one.							

Save and Add Another

Save

Cancel Add



When Action Type is Communication, these fields become available for data entry. (Same fields when action type is Direct).

Data Enter: Action Date, Type of Contact, Description, Status, Case Worker, Action Notes.

Add Action



Action Type	<input type="text" value="Communication"/>	Type of Contact	<input type="text"/>
Scheduled	<input type="checkbox"/>	Description	<input type="text"/>
Action Date	<input type="text"/>	Status	<input type="text"/>
		Case Worker	<input type="text" value="Hartley, Shayna"/>
		Total Time	<input type="text" value="0"/> Hours <input type="text" value="0"/> Minutes

Action Notes



Save and Add Another

Save

Cancel Add



When Action Type is Referral, these fields become available for data entry. Referral is used **only** if the family is referred out into the community. This “Action Type” is not for internal referrals.

Add Action



Action Type	<input type="text" value="Referral"/>	Type of Contact	<input type="text"/>
Scheduled	<input type="checkbox"/>	Description	<input type="text"/>
Action Date	<input type="text"/>	Status	<input type="text"/>
Referred To	<input type="text"/>	Case Worker	<input type="text" value="Hartley, Shayna"/>
Referral Type	<input type="text"/>	Total Time	<input type="text" value="0"/> Hours <input type="text" value="0"/> Minutes

Action Notes



Save and Add Another

Save

Cancel Add

