# Chapter 5

Forms and Reports

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## I. DOCUMENTATION OF CARE FOR CHILDREN'S SPECIAL HEALTH

The forms are listed in the approximate order they should appear in the record. Some variation is acceptable based on the chronological order of assessments, interventions, appointments, correspondence, medical records, etc. Also if this child is/was a premature infant or newborn intensive care, do not recopy any information just include the form in this record and any assessments or medical records that you may have. It is important to update any information, for example releases, as a newborn will be released to different providers. An infant who has been on newborn intensive care should have most of the CSH application completed except the tiering. A premature infant may not have any of the application for CSH completed and will need CSH-1, MCH-3 to complete the application. These forms help us to provide our part of the care coordination, plus provide data on who we serve, what services are required, etc. If records become too large, please see the PHN policy on summarizing records and beginning another record.

MCH-11 MCH Intake Form (See Section I)
MCH-7 MCH Referral Form (See Section I)
CSH-1 Children's Special Health and Dental Services Application (yellow)
CSH-2 Tier Assessment Worksheet
MCH-3 Maternal Child Health/Dental Services Financial Information Form (green)
CSH-4 Maternal and Child Health Family History Form
CSH-5 CSH Medical Purchase, (purple)
CSH-6 CSH Right and Responsibilities
MCH-10 MCH Change Form (pink) (See Section I)
CSH-8 Family Needs Survey
CSH-9 CSH Pathway
Authorization for Release of Information Form (See Section I)
Release (I signed original) (See Section I)
CSH-10 Annual Update (orange)
CSH-14 Translation Policy and Forms - Billing information only
CSH-15 ADD/ADHD Pilot Form (For use by Goshen, Laramie and Sheridan Counties) (yellow)

Optional Forms List
CSH-12 Family Care Coordination Evaluation Form (See Section VI)
Medical records
Developmental screening reports

**NOTE:**

Please send forms on white paper unless otherwise stated in parenthesis ().
Italics indicate forms needed in the State CSH office.

## II. FORMS

The Children's Special Health Data/Documentation System provides a standardized, systematic process of data collection and documentation on all CSH clients. Use of this system will assure appropriate triage, risk assessment and care coordination of CSH clients. In addition, this system will assist the program manager and local coordinators with outcomes measurement and program evaluation.

### USE OF FORMS FOR CHILDREN'S SPECIAL HEALTH

| Frequency | | | | | Distribution | | | |
|---|---|---|---|---|---|---|---|---|
| A | I | AN | FORM # | FORM NAME | F | L | S | D |
| | X | | CSH-1 | Children's Special Health Application *(yellow)* | | C | O | |
| X | X | | CSH-2 | Tier Assessment Sheet | | O | | |
| X | X | | CSH-3 | Children's Special Health/Dental Services Financial *(green)* | | C | O | |
| | X | X | CSH-4 | Family History | | O | | |
| | | X | CSH-5 | CSH Medical Purchase *(purple)*<br><To obtain **pre-approval** of special medical purchase | | C | O | *C |
| | X | | CSH-6 | CSH Rights and Responsibility | O | C | | |
| X | X | X | CSH-8 | Family Needs Survey (have family complete) | | O | | |
| X | X | X | CSH-9 | CSH Pathway | | O | | |
| X | | | CSH-10 | CSH & Dental Services Annual Update *(salmon)* | | C | O | |
| X | X | X | | Release of Information (State Nursing form) | | O | O | |
| X | | | CSH-12 | Family Care Coordination Evaluation (audit form) | | O | | |
| | | X | CSH-13 | Physician's Referral | | C | O | |
| | | X | CSH-14 | Translation Services | | C | O | |
| X | X | | MCH-7 | MCH Referral Form (copy to State BB & NFP only) | | O | C | |
| | | X | MCH-10 | Change Form *(pink)* | | C | O | |
| | X | | MCH-11 | MCH Intake | | C | O | |
| | | X | PHN-15 or other | Age Specific Pediatric Assessment (if not done by Medical Home or Specialist) | | O | | |
| | | X | PHN-25 | Progress Notes | | O | | |

* If approved

KEY:

| | | |
|---|---|---|
| A = Annually | F = Family | O = Original |
| I = Initial | L = Local Office | C = Copy |
| AN = As Needed | S = State Office | D = DFS |