

Client Check in



ECR #

Client's Name Today's Date

Since your last appointment have you used any of the following?

Caffeine ☐Yes☐No

12oz. per day:

Marijuana ☐Yes☐No

Grams per week :

Alcohol ☐Yes☐No

Drinks per week:

Nicotine ☐Yes☐No

Cigarettes per day

Drugs not prescribed ☐Yes☐No

Type Amount Per

Since your last appointment:

Did you see a doctor ☐Yes☐No

When :

Were you prescribed new meds? ☐Yes☐No

What Meds?

Did you complete any labs? ☐Yes☐No



What Labs :

Did you use prescription birth control? ☐Yes☐No

What Type

Are you pregnant or intending to be? ☐Yes☐No

Did you attend therapy or group? ☐Yes☐No

Frequency

Did you have any hypomanic or manic days? ☐Yes☐No

Frequency

Did you have hallucinations or hear voices? ☐Yes☐No

Frequency ?

What social activities or hobbies have you been enjoying?

What type of/how much exercise have you performed?

Do you feel rested most days? ☐Yes☐No

How many hours of sleep do you average at night?

NEW symptoms or medical problems since your last appointment: ☐ recent fever☐ changes in vision☐ palpitations☐ blood in urine☐ recent night sweats☐ loss of vision☐ chest pain☐ flank pain☐ change in weight☐ ear pain☐ swelling of extremities☐ muscle pain☐ headaches☐ difficulty swallowing☐ nausea☐ joint pain☐ weakness☐ heat / cold intolerance☐ vomiting☐ easy bruising☐ numbness☐ excessive thirst☐ diarrhea☐ gums bleeding☐ shortness of breath☐ abdominal pain☐ hay fever☐ rashes☐ coughing☐ difficulty urinating☐ lupus☐ changes in skin☐ wheezing☐ frequent urination☐ seizure (Date:)

Pain Intensity- Please circle the number, or range of numbers. that best describe your pain. 0 being no pain and 10 being worst pain imaginable.

On a 'good' day: ☐ 0.....☐ 1.....☐ 2.....☐ 3.....☐ 4.....☐ 5.....☐ 6.....☐ 7.....☐ 8.....☐ 9.....☐ 10

On a 'bad' day : ☐ 0.....☐ 1.....☐ 2.....☐ 3.....☐ 4.....☐ 5.....☐ 6.....☐ 7.....☐ 8.....☐ 9.....☐ 10



X _____



Signature Certificate

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Timestamp

August 23, 2021 12:11 pm
PDT

August 31, 2021 9:26 am
PDT

September 29, 2021 1:07 pm
PDT

Audit

Client Check in Uploaded by Adam Falk -
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