

**DJJ HEALTH RECORDS FORMAT**

<b>Section 1: Medical Assessments &amp; Screenings (tab)</b>	<b>Section 4: Dental, Restrictions, Discharge, Insurance, Other (tab)</b>
-----Intake (tab)	-----Dental Screen / OHI / X-Ray (tab)
1. Health Services Admissions/Transfer Checklist	1. Intake Dental Screening Form
2. Medical Intake Screen	2. Oral Hygiene Instruction Sheet
3. Medical Orientation Form	3. Dental X-Ray (in envelope)
-----Physical Assessment (tab)	-----Dental Exam / Treatment (tab)
1. Nurse Health Appraisal	1. Dental Examination, Treatment Records, Progress Notes
2. Physical Examination	-----Restrictions (tab)
3. Growth Chart	1. Medical Restriction Notice
-----Immunizations (tab)	2. Special Diet Form
1. Immunization Records	-----Discharge (tab)
2. HIV/Hep B Questionnaire	1. Health Services Release Form
3. Medical Screening for Education	2. Medical Transition Plan
-----Lab / X-Ray (tab)	-----Insurance / HIPAA (tab)
1. Lab Reports	1. Medicaid / Insurance Information
2. X-Ray Reports	2. Authorization for Release of Health Information
3. Diagnostic Reports	3. Notice of Privacy Practices
-----Off-Site Reports (tab)	-----Other (tab)
1. Off-Site Consults	1. Food Handlers Screening Form
2. Emergency Room Reports	2. Notification of Health Risk
3. Outpatient Procedures	3. Other Correspondence
4. Hospitalizations	<b>Section 5: Behavioral Health</b>
<b>Section 2: Treatment &amp; Care (tab)</b>	-----Treatment Plan (tab)
1. Problem List	1. Treatment Plan / Protocol
-----Chronic Care Treatment Plans (tab)	2. Treatment Team Notes
1. Chronic Care Treatment Plan(s)	-----Assessments (tab)
-----Chronic Care Visits / Flow Sheets (tab)	• Mental Health Assessment
1. Chronic Care Clinic Visits & Flow Sheet(s)	• YDC Needs Assessment
-----Physician's Orders (tab)	• Short Term Program Checklist
Physician's Orders	-----Screening (tab)
-----Progress Notes & Help Requests (tab)	Mental Health Intake Screening
Integrated, chronological progress notes	MAYSI
(incl. Report of Youth Injuries & Behavioral Health Evaluation)	-----Psychodiagnostic Evaluation (tab)
Help Request Forms	1. Full Psychodiagnostic Evaluation
<b>Section 3: Medication, Education, &amp; Consents (tab)</b>	2. Brief Psychodiagnostic Evaluation
1. Medication Administration Records	3. AIMS
-----Medication Exceptions / Consults (tab)	4. Mental Health Panel Referral & Reports
1. Formulary Exception Requests	<b>Section 6: Behavioral Health</b>
2. Medication Consults	-----Behavior & Safety Protocols (tab)
-----Medication Receipt / Release (tab)	1. Safety Protocols
1. Medication Receipt Log	2. Special Management Plans
2. Medication Release of Responsibility	3. Behavior Records
-----Medication Consents (tab)	-----Misc. Psychological / Psychiatric Tools (tab)
1. Medication Consents	Beck, ADHD Checklists, Etc.
2. Vaccine Consents	-----Other Psychological / Psychiatric Info (tab)
-----Other Consents (tab)	Psych hospital discharge summaries, school psychological evals, psychosexual evals, other community mental health info, ABEL Screen, 21 Risk Factor Assessment
1. Medical Permission Forms	-----Correspondence (tab)
2. HIV Testing Consent	1. Parent/Guardian Notification Letters
3. Invasive Procedures Consents	2. Other Correspondence
-----Health Education (tab)	
Health Education Form	<b>COLOR KEY FOR LENGTH OF TIME IN ACTIVE FILE:</b>
-----Treatment Refusal Forms (tab)	<b>Permanently</b> <b>Most Current Information Only</b>
Refusal of Treatment Against Medical Advice	<b>3 Months of Information</b> <b>6 Months of Information</b>
	<b>12 Months of Information</b> <b>24 Months of Information</b>

All Records in Reverse Chronological Order (most current information on top)