

Cognit Electronic Health Record

User Id: 10033

Name: SMITH, JOE

Email: joesmith@cognitsa.com

Date Time: 10/29/2020@12:32:51

Quiz Title: 00.01 SU Intake

Quiz Total: 29

1a. Please tell us what you want us to know about you.

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|--|
| User Answer |
| I have suffered from addiction and mental health issues my whole life. I am struggling with self-destructive thoughts. |
| Total Score: 1 |

1b. What brought you here?

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| User Answer |
| I am afraid I am losing it. |
| Total Score: 1 |

1c. What do you want others to know about you?

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|-----------------------|
| User Answer |
| I want to get well. |
| Total Score: 1 |

1d. What do you want help with?

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|---------------------------------------|
| User Answer |
| Stress, anxiety, depression, weed use |
| Total Score: 1 |

1e. How can we help?

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| User Answer |
| Listen to my story, explain my options, help me assess my options and help me get help. |
| Total Score: 1 |

1f. What are your immediate needs (check all that apply)

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| User Answer (1=Sleep, 1= Nutrition , 1=Medication Review , 1=Pain Management, 1=Withdrawal Management , 1=Mental Health Management, 1=Mental Health Assessment) |
| Nutrition (1), Withdrawal Management (1), Mental Health Management(1), Mental Health Assessment(1), |
| Total Score: 4 |

1g. What are your goals?

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| User Answer |
| To reduce stress and destructive thoughts. To finally find some peace. |
| Total Score: 1 |

2a. Are you currently employed?

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| User Answer |
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| Yes |
| Total Score: 1 |

2b. Please enter your employer information.

| | |
|--------------------|--------------------|
| Employer: | Cognit |
| Address1 | 824 Frontenac Cres |
| Address2 | |
| City | Dallas |
| State | Texas |
| Country | US |
| Zip Code | 12345 |
| Total Score | 6 |

2c. What do you do at work?

| |
|-----------------------|
| User Answer |
| Program developer |
| Total Score: 1 |

2d. Do you like your job?

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| User Answer |
| Yes, a lot. |
| Total Score: 1 |

3. Referral Source

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|---|
| User Answer (1=Doctor, 2=Therapist, 3=Emergency Department, 4=Tele-Medicine, 5=Suicide Help Line) |
| Tele-Medicine (4) |
| Total Score: 4 |

4. Emergency Contact Information

| | |
|-----------------------|--------------|
| First_Name_1 | Mike |
| Last_Name_1 | Smith |
| Phone_Number_1 | 519-222-4444 |
| First_Name_2 | |
| Last_Name_2 | |
| Phone_Number_2 | |
| First_Name_3 | |
| Last_Name_3 | |
| Phone_Number_3 | |
| Total Score | 3 |

5. Do you have an Advanced Directive? If you have an Advance Directive it must be uploaded into your personal files area. If you need help ask one of our staff.

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|-----------------------|
| User Answer |
| Yes |
| Total Score: 1 |

6. Do you have a Behavioral Health Advanced Directive? If you have an Behavioral Health Advance Directive it must be uploaded into your personal files area. If you need help ask one of our staff.

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|-----------------------|
| User Answer |
| Yes |
| Total Score: 1 |

7. Are you aware of the financial implications of your care choices?

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|-----------------------|
| User Answer |
| Yes |
| Total Score: 1 |