

County of San Mateo Avatar





AVATAR Client Lookup

Avatar Client Lookup



TEST, BOB (000943520) 09/20/1985 Male TEST, JOLLY (000938760) 12/05/1960 Female TEST, TESTTWO MR (000930003) 04/30/1989 Male TESTEIGHT, TEST MR (000930008) 01/01/1970 Male TESTER, ERRORS (000302106) 04/15/1945 Male 07/03/1961 Female 05/17/1963 Female TESTFIVE, TEST (P133) TESTFOUR, TEST MR (000930041) 04/04/1999 Male TESTINGTHREE, TEST MR (000930001) 06/15/1977 Male TESTNINE, TEST (P503) 05/11/1937 Female TESTONE, TEST V MR (000930000) 05/08/1999 Female TESTONE,TWO (000936567) 06/14/1968 Male TESTSEVEN, TEST (P186) 02/19/1976 Male 1 through 16 of 16

Clients can be searched in Avatar various ways: by Avatar ID, Birth date, SSN, Alias, Last Name

Steps

- 1. In the Search Client screen, enter the client's last name, SSN, Birth date, Avatar ID or Alias
- 2. Avatar utilizes "Smart Search" all clients with the same last name or sounding like your client's last name will appear. For the name "Test" there are 16. If there were more they would appear on the "Next 25"



Avatar Client Lookup

3. By clicking on a client, it becomes highlighted (green).

4. Once selected, the client is placed in the

"Recent Clients" box

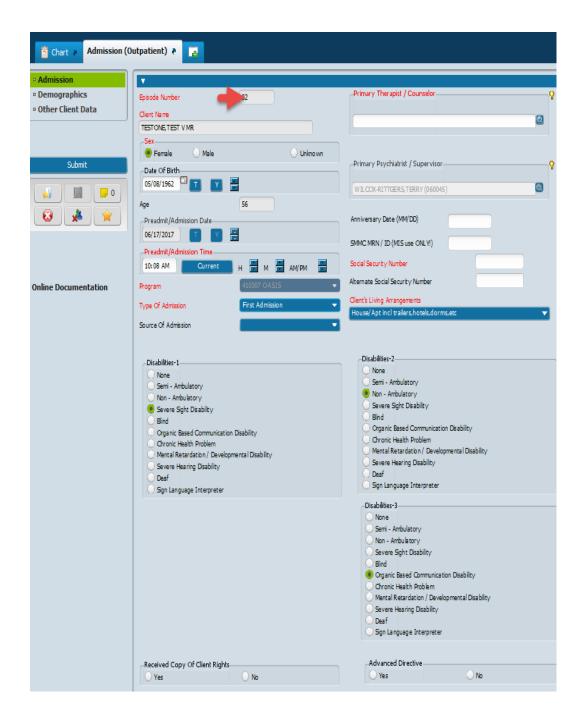






Avatar

Episode Opening



Red=Required fields

Episode is auto assigned and cannot be changed

Avatar Episode Opening (Admitting a New Client)



Steps

1. After searching for a client with client lookup and if the client is not in the system, you are ready to open a new client.



2. Select Admission Outpatient form from your list of forms, the Select Client box should appear

Avatar Episode Opening (Admitting a New Client)

3. In the Select Client screen, enter the client last name, first name, and sex. Click Search.



4. If a client is found, select the client, click OK. If a client is not found, the **No Matches found** box will display



5. click New Client.



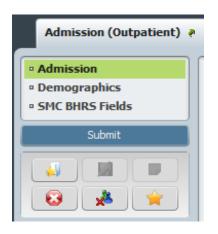
6. The Auto Assign dialog display, Click Yes to generate an ID number.



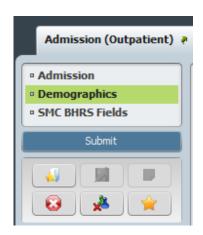
Avatar Admission (Section)

The Admission (Outpatient) form is divided in 3 sections

1. Admission



2. Demographics



3. Other Client Data



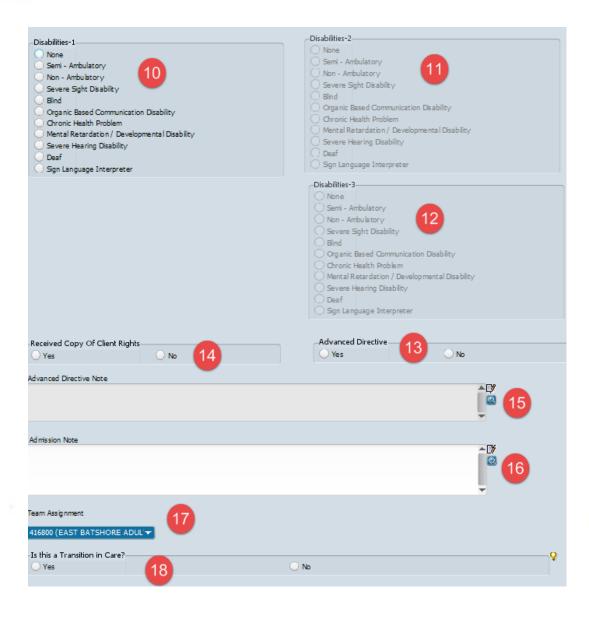
This section is currently not being used

Avatar Admission (Section)



- Date of Birth
- 2. Admission Date
- 3. Admission Time
- 4. Program
- 5. Type of Admission
- 6. Source of Admission
- Primary Therapist/Counselor
- 8. SSN
- 9. Living Arrangements

Avatar Admission (Section)



- 10. Disabilities -1 (if None Disabilities 2 & 3 are grayed out)
- 11. Disabilities- 2
- 12. Disabilities-3
- 13. Copy of Client Rights (Should always be Yes)
- 14. Advance Directive
- 15. Advanced Directive Note
- 16. Admission Note
- 17. Team Assignment
- 18. Transition in Care

Avatar Demographics (Section)

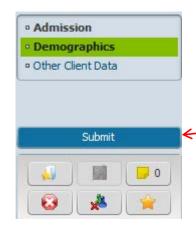
Even though this section is not required it is recommended that this form be completed with as much information

as possible. Client Last Name Client's Cell Phone 650-573-3400 14 3. TESTONE OK to contact/leave message (Cell Phone) Client First Name TEST 3 Primary Phone 16 Work Phone Cell Phone _Suffix Maiden Name O VI TESTSINGLE Marital Status Married Client's Address - Street (NOT a PO Box) 1235 APPLE ST APT 12 Machine Operators And Tenders ▼ Occupation 6 94403 Client's Address - Zipcode Part time <35hrs per wk (nonco. Employment Status Client's Address - City SAN MATEO SAN MATEO Client's Address - County 20+ Years Education CALIFORNIA Client's Address - State Client's Email Address 650-573-0000 X - 1234 10 Client's Home Phone tes to nete st@gmail.com OK to contact/leave message (Home Phone) Client Admission Packet Preference Yes E-mail In Person 650-573-2525 Client's Work Phone Date Admission Packet Distributed -OK to contact/leave message (Work Phone) Smoker Unknown If Ever Smoked Client Declined To Provide Information On The Following Smoking Status Assessment Date - Enter 01/01/2001 Ethnic Origin Race Language 01/01/2001 Alias 😨 Alias 6 TESTING

- Client Last Name (auto populated)
- Client First Name (auto populated)
- . Client Middle Initial
- 4. Suffix (if applicable)
- 5. Client's Address
- 6. Client's Zipcode
- 7. Client's City
- Client's County
- 9. Client's State
- 10. Client's Home Phone
- 11. Ok to contact
- 12. Client's Work Phone
- 13. Ok to contact
- 14. Client's Cell Phone
- 15. Ok to contact
- 16. Primary Phone
- 17. Maiden Name (if applicable)
- 18. Marital Status
- 19. Occupation
- 20. Employment Status
- 21. Education
- 22. Email
- 23. Client Admission Packet Preference
- 24. Date Admission Packet Distributed
- 25. Smoking Status
- 26. Smoking Status Assessment Date (enter 01/01/2001)
- 27. Alias (8 available)

Use this field to enter ALIAS information only

Avatar Demographics (Section)



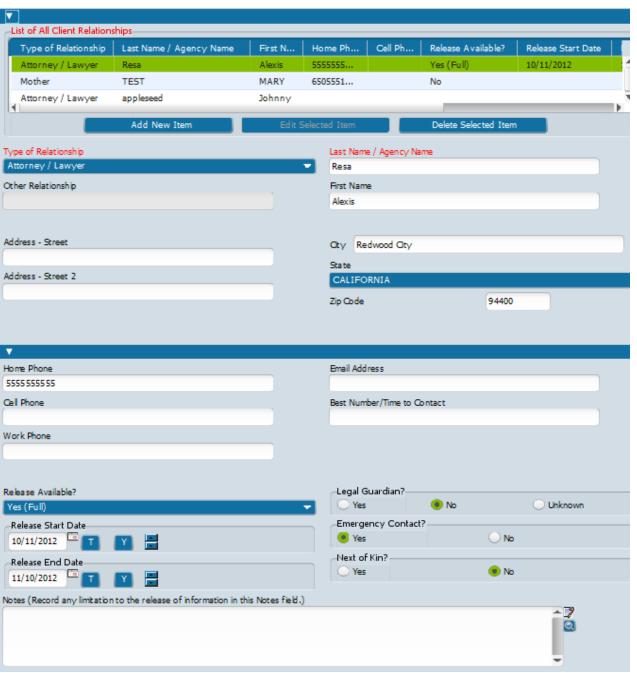
After completing the Demographics section , your ready to save the form, click submit to save the form.

Now you've just completed an Episode Opening.



Avatar Client Relationship & Client Update

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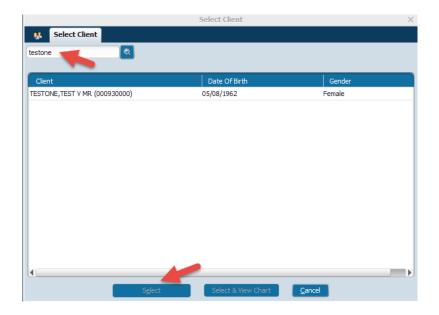


Red=Required fields

Avatar BHRS Client Relationship (adding a new contact)



Select BHRS Client Relationship form from your list of forms, the Select Client box should appear



Enter Client ID or Type in last name, first name

Select the Client

Avatar BHRS Client Relationship

The BHRS Client Relationship form has 2 sections

1. Entry Date

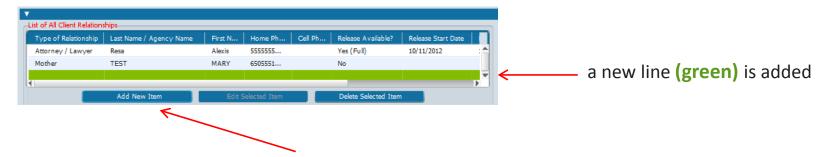


2. Relationships

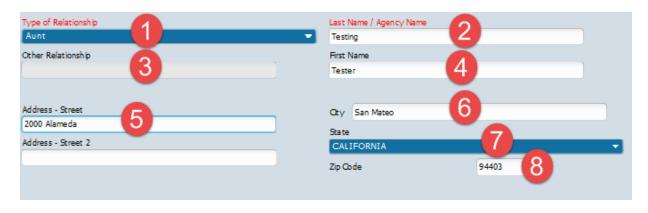


Warning: Information is viewable by all Mental Health and AOD Providers

Avatar BHRS Client Relationship (adding a new contact)



To add a new contact, click "Add New Item"



- 1. Type of Relationship
- 2. Last Name/Agency Name
- 3. Other Relationship
- 4. First Name
- 5. Address St.
- 6. City
- 7. State
- 8. Zip Code

Avatar BHRS Client Relationship (adding a new contact)



- 9. Home Phone
- 10. Cell Phone
- 11. Work Phone
- 12. Fmail Address
- 13. Best #/Time to Contact



- 14. Release Available(3 Choices-Full, Limited, Verbal)
- 15. Release Start Date
- 16. Release End Date
- 17. Legal Guardian
- 18. Emergency Contact
- 19. Next of Kin
- 20. Notes: (if Limited or Verbal field becomes required)



Click "Submit" to save form

Avatar Updating Client Demographics –Admission (Outpatient)

Client demographics updates are done utilizing the Admission Outpatient Form – (Demographics section)



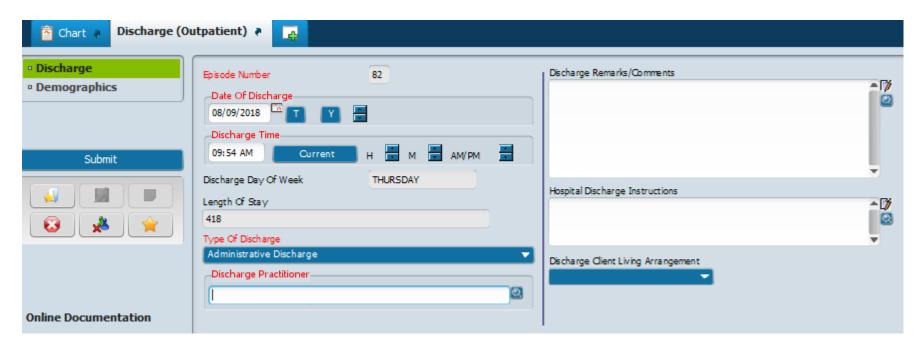
- Client Last Name (auto populated)
- Client First Name (auto populated)
- 3. Client Middle Initial
- 4. Suffix (if applicable)
- 5. Client's Address
- Client's Zipcode
- Client's City
- Client's County
- 9. Client's State
- Client's Home Phone
- 11. Ok to contact
- 12. Client's Work Phone
- Ok to contact
- Client's Cell Phone 14.
- Ok to contact
- **Primary Phone** 16.
- Maiden Name (if applicable)
- 18. **Marital Status**
- 19. Occupation
- 20. **Employment Status**
- Education 21.
- 22. Email
- Client Admission Packet Preference
- Date Admission Packet Distributed
- **Smoking Status**
- **Smoking Status Assessment Date** (enter 01/01/2001)
- 27. Alias (8 available)



Avatar

Episode Closing

Episode Closing - Discharge (Outpatient)





Red=Required fields

Avatar Episode Closing - Discharge (Outpatient)

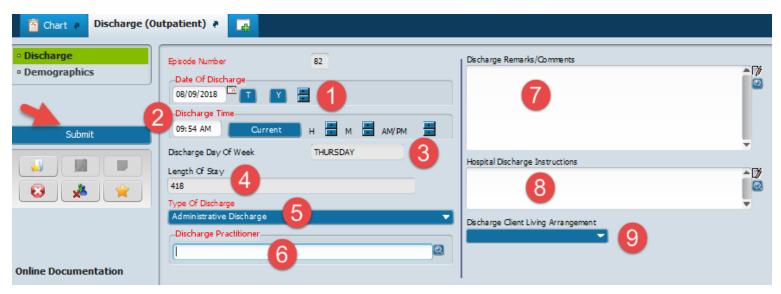


Select **Discharge (Outpatient)** form Forms & Data



In the Select Client screen, enter the client name or ID, and **select. Click Select.**

Avatar Episode Closing - Discharge (Outpatient)



- 1. In the Date Of Discharge field, enter the date the client will be discharged.
- 2. In the Discharge Time field, enter the discharge time. Use Current if specific time is not required
- 3. The Discharge Day Of Week field shows the discharge day (will pre-populate)
- 4. The Length Of Stay field shows the episode length in days (will pre-populate).
- 5. In the Type of Discharge field, select the discharge type. (Required)
- 6. In the Discharge Practitioner field, enter the practitioner name or ID, and select. (Required)
- 7. In the Discharge Remarks/Comments field, enter discharge comments or observations (if applicable).
- 8. In the Hospital Discharge Instructions, enter any comments (If applicable).
- 9. Select, Discharge Client Living Arrangement
- 10. Update Client Demographics if at discharge they have changed.

When finished, click Submit.