ABCD Screening Academy Grant Baseline Chart Review

AmeriChoice New Jersey

		1	2	3	**4**	5	6	7	8	9	10	11	
		Age at visit/date of visit	**Language**	**Hlth coverage**	**Screening done y/n**	**Method used**	**Copy in chart y/n**	**Screen performed by**	**Follow up noted**	**What type(referral/other)**	**Feedback received**	**Describe feedback**	**Comments**
Age/Chart#													
9 Mos.													
1		9 mos. 10/15/07	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	N/a	n/a	
2		9 mos. 11/15/07	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	N/a	n/a	
3		9 mos. 1/18/08	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	N/a	n/a	
4		9 mos. 1/18/08	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	N/a	n/a	
5		9 mos. 1/9/08	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	N/a	n/a	
18 mos.													
1		18 mos. 2/19/08	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	n/a	n/a	
2		18 mos. 1/7/08	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	n/a	n/a	
3		18 mos. 1/13/08	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	n/a	n/a	
4		18 mos. 12/28/07	English	Mcaid	Y	EMR form	Y	MD	None needed	n/a	n/a	n/a	
5		18 mos. 7/11/07	English	Mcaid	Y	EMR form	Y	NP	None needed	n/a	n/a	n/a	

30 mos													
1		30 mos. 4/17/08	English	Mcaid	Y	EMR form	Y	MD	Yes	Referral	Yes	Assessment and Treatment Report	
2		24 mos. 5/5/07	English	Mcaid	Y	EMR form	Y	MD	Yes	Referral	Yes	Assessment and Treatment Report	
3		24 mos. 7/17/08	English	Mcaid	Y	EMR form	Y	MD	Yes	Referral	No	Scheduled	
4		24 mos.	English	Mcaid	Y	EMR form	Y	MD	Yes	Referral	No	Scheduled	
5		24 mos.	English	Mcaid	Y	Denver	Y	MD	Yes	Referral	Yes	Assessment and Treatment Report	