

Initial Evaluation/Treatment Checklist

- ☐ Initial Intake Form completed (Initial Sleep Clinic Intake Form)
- ☐ Review Intake Form
- ☐ Confirm if there is need for referral: PHQ-2 or GAD-2 score 3 or more or SI present
- ☐ Review Patient Sleep Psychoeducational : Give patient a copy for them to keep and use your Provider Psychoeducation Slides to read the scripts in the boxes as you walk them thru the slides (Patient Psychoeducation Slides & Provide Psychoeducation Slides)
- ☐ Generate Sleep Prescription (Initial Sleep Prescription Form)
- ☐ Review Rules for Sleep (Initial Sleep Prescription Form)
- ☐ Review DBAS-16 from Initial Sleep Clinic Intake Form packet
- ☐ Verbatim reading of scripts related to DBAS-16 items that score 6 or more (Dysfunctional Belief Challenge Scripts Packet)
- ☐ Provide the patient “Constructive Worry Form” and instruct them to on it and ask to bring it to follow-up appointment for you to review
- ☐ Ask patient to confirm their understanding of the plan by walking you through the “Initial Sleep Prescription Form”
- ☐ Write down the patient’s daily wake-up time and Earliest bedtime on the intake form somewhere so you can put this in your note later on
- ☐ Give the patient their “Initial Sleep Prescription Form”. Remind them to bring it with them to next appointment
- ☐ Give the patient “Sleep Log Form” to keep and bring to next appointment
- ☐ Provide 1 week follow-up for session #2
- ☐ Enter patient’s “Initial Sleep Clinic Intake Form” data in “Initial Intake Note Template” in the SUBJECTIVE section
- ☐ For Diagnosis, search for Insomnia: G47.0
- ☐ Order CPT code 90832 for 30 min appointment, or 90834 for 45 min appointment.
- ☐ Transfer your note to credentialed and privileged provider
- ☐ Keep the Intake Form hard copy until you discharge the patient from your care after 3 or more sessions. Alternatively, upload the pdf to EHR.