

PIMSY 08.25.2023 • RELEASE REPORT

PIMSY Plan	PIMSY Department	PIMSY Screen	PIMSY Platform	Type	Release Notes
Platinum	Admin / Set Up	Reports	Desktop	Enhancement	<i>Service Activity Log -Tags</i> We have added Client Tags to the <i>Service Activity Log (Multiple Users)</i> report on desktop). Users can now view tags for SAL info and tracking tags, as well as Client Tags.
Prime Professional Platinum	Medical Records	Client Management	Desktop	Enhancement	<i>Client Report</i> We have included the option to add client note Q&A to the client report. Q&As highlighted in green indicate that there are currently active answers.

DESKTOP

Service Activity Log Tags

- We have added Client Tags to the Service Activity Log (Multiple Users) report on desktop). Users can now view tags for SAL info and tracking tags, as well as Client Tags.

	Performed By	SAL #	Service Date	Service Time
	Mary Anderson	MA-MB-26649	8/23/2023	7:42 AM
	<div> <div>SAL: CC-J1-26640</div> <div> <div>Info</div> <div>Confirmed Appt w/ Client</div> </div> <div> <div>Tracking</div> <div>Checked Out</div> </div> <div> <div>Edit</div> </div> </div> <div> <div>Client</div> <div> <div>Billing</div> <div>In Collections</div> </div> <div> <div>Dispositions</div> <div>late today</div> </div> <div> <div>Violent</div> </div> </div> <div> <div>Pronouns</div> <div>They/Them</div> </div> <div> <div>Edit</div> <div></div> </div>			7:22 AM
				00 AM
				00 AM
				42 AM
				27 AM
				35 AM

Client Report

- We have included the option to add client note Q&A to the client report. Q&As highlighted in green indicate that there are currently active answers.

Basic Information

Prefix: []
Date of Birth: []
First Name: []
Suffix: []
Email: []
Address 1: []
City: []
State: []
Zip: []
Phone: []
Fax: []
Notes: []

Reporting Options

Chart Options

☐ Exclude Client Detail

☐ Include Substances
☐ Include Medications, Allergies & Notes
☐ Include Requests

☐ Include Immunizations
☐ Include Diagnosis
☐ Include Misc Notes

Additional Options

☒ Client Demo. Q & A
☒ Intake Assistant Questionnaire

Form Options: Family History, Client Vitals x

☐ My Test Assessment with Permissions
☐ BHI Assessment
☐ Disposition & Status (Progress Note Only)
☒ Family History
☐ Assessment Form
☒ Client Vitals x
☐ System Exam x

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☐ My Test Assessment with Permissions
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Parker House
1234 Day Treat Lane Sylva NC, 9879-
www.mysites.com
Phone: (770) 363-3271 Fax: (987) 546-5112

Client Chart Details

Client: Andrews, Grace
Maiden Name: []
Date of Birth: 01/01/2000 **Age:** 23
SSN: []
Address: []
Email: Grace@pimsyehr.com
Pri. Therapist: []
Clinician II: []
Default Location: Day Treatment Home
Divisions: Haywood Division

Client #: A-C-18692
Legal Name: []
Alias: []
First Contact: 08/08/2023
Admission Date: 08/08/2023
Referral Date: 08/08/2023
Termination Date: []
Phone: []
Work Phone: (123) 456-7890
Mobile: []
CM / Clinician 3: []
Care Coordinator: []
Referral Source: []

Marital Status: Never Married
Ethnicity: Non-Hispanic
Gender: Female
Race: Other
Disability: []
Residence: []
Veteran: False
Pregnant: False
School: []
English Prof.: False

Living Arrangement: Private Residence
Employment Status: []
Language: English
Add. Race: []
Smoking Status: Never Smoked
Adults In House: 1
Children In House: []
Target Population: label three
Grade: []
of Arrests 30 days Prior to Admit: []

Pri. Insurance: AETNA INC
Sec. Insurance: []

Intake Assistant Questionnaire

Have you ever been diagnosed with a mental health condition?
Yes

Have you ever been hospitalized for a mental health issue?
Yes

Have you experienced suicidal thoughts or behaviors in the past?
Yes

Have you ever been involved in any form of self-harm or self-injury?
Yes

Are you currently experiencing any difficulties with daily functioning due to mental health symptoms?
Yes

Have you had bipolar, borderline personality disorder, psychosis, schizophrenia, suicidal attempts or any mental hospitalization history in the past?
Yes

Are you pregnant or breastfeeding?
Yes