Entering a Session Note Scribe

1 Select client (can also use Client S	earch)	
Q Client Search EWelligent	Reports \$ Billing Manager A My Alerts 🕞 Log	Out
	Welcome back, Sara Lowell! 📽 🛛 Su	ipport
	🚱 📍 My Desktop	¢
	Today at a Glance	
	My Toolbox	Ē
	My Recent Clients	
	a Test, Daisy	
	Doubtere, Dolly	
	Test, Tuesday	
	A Test, Fish	۶
	A Test, Rosita	
	la Test, Lemon	
	🙆 Number, Cell	
	4 Test, Orange	*
	la Test, Saturday	
	A Test. February	
	Bannana, Baby	
	4 Test, Keylime	
	🍓 Test, Mango	
	A Test Vougast	

2 Select Program History on the left side of the screen

Outside Medications
Tuesday Test has no Active Medications.
Di Problems/Conditions

3 Select the Early Intervention program

R	Client ID: 7060691				
٠	Program History				
*	Search Criteria				
6	Program Status:	✓	Show Wait List History 📋 Hide Sub/Ch	ild Programs	
X	Edit	Print	Program	Status	Admi
1	+	0	Early Intervention	Active	27-M
2		Sa Tr			Š.
	-				
0					
	-				

4 In child's Program Episode Details, click on "Services" tile

		Q Client Sea
15-Apr-2022) (2 mths 14 days) (Gender Female)		
atervention Other » Save		
* Diagnosis = IFSP/Outcomes = Services	Paperw	vork/Forms 🗸
	N	ew Form
		Acknowledgement Letter(0
	± 4	Consent to Multidisciplinar
27-MAY-2022	± 4	Daily Activities and Routing
Donna Novak	± 4	Family Intake(0)
Contraction of the second seco	± 4	Hearing and Vision Screeni
	± 4	IFSP - (Entry) Present Leve
	± 4	IFSP - (Exit) Present Level
	± 4	IFSP - Annual IFSP Review
	F	TEED Multidisciplinary Eva

5 Scroll down to child's services, find the appropriate service, and click on the green plus sign

Clier Clier	nt: Tuesda nt ID: 7060	y Test (DOI)691	B: 15-Apr-2	022) (2 mths 14 days) (Gender:Female)		
servi Servi	ices					
Edit	New	Schd	Note	Service	Status	Provider
*	+	5	5	Psychological Services	Active	Novak, Donna
-	(+)	5	6	Family Training/Counseling	Active	Novak, Donna
-	+	-	5	Nursing	Active	Novak, Donna
-	+	5	6	Physical Therapy	Active	Novak, Donna
-	+	5	6	Speech-Language Pathology	Active	Novak, Donna
*	+	1	6	Social Work	Active	Novak, Donna
-	+	5	6	Eligibility Determination	Active	Novak, Donna
-	+	-	8	Occupational Therapy	Active	Novak, Donna
	4	<u> </u>				

6 Event Details - enter date and time

	View/Enter Appointment Details	Enter Notes
nt Details		
reen	0	C
ervice:		
d/Start Time:	* 3	
ent Duration (Face to Face):	(Minutes)	H
	Sara Lowell	F
	Pending Completion 🗸 🗹	
ction:	✓ Q*	[
rvices:	~ ×	Ľ
ocation (Billing Location):	Test Location 🗸	
ervice:	✓ ¾*	

7 Enter duration

Session Notes - TUESDAY TEST

				1.
View/	Enter /	Appointmen	t Details	Enter

Lock Screen	0
Date of Service:	29-JUN-2022
Scheduled/Start Time:	12:33PM * 📀
Appointment Duration (Face to Face):	Minutes)
Provider:	Sara Lowell
Status:	Pending Completion 🗸 🗹
Primary Action:	✓ Q*
Timely Services:	✓ ¾
Service Location (Billing Location):	Test Location 🗸
Place of Service:	✓ ¾ *

8 Select the appropriate primary action

Lock Screen	0
Date of Service:	29-JUN-2022
Scheduled/Start Time:	12:33PM * 🧭
Appointment Duration (Face to Face):	60 (Minutes)
Provider:	Sara Lowell
Status:	Pending Completion
Primary Action:	v q*
Fimely Services:	✓
Service Location (Billing Location):	Test Location 🗸
lace of Service:	✓ ¾ ★



Timely Services - USE THIS FIELD ONLY WHEN PROVIDING A SERVICE FOR THE FIRST TIME. Leave this blank if not providing a first service. Select Place of Service using the menu.

uled/Start Time:	12:33PM * 📀	
ntment Duration (Face to Face):	60 (Minutes)	
er:	Sara Lowell	
1	Pending Completion 🗸 🗹	
ry Action:	FTC (Level 1) V 🖓 *	
/ Services:	Timely Service Completed 🗸 🗸	
e Location (Billing Location):	Test Location V	
of Service.	× ×*	
JI SELVICE.		
		1
л Эстице.		Ţ
л Эстикс.]
л Эсі vi.c.		J
л Эстикс.]

Made with Scribe - https://scribehow.com

10 Click "Save"

	a - 66 - 62 - 62	and the second second second	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
es Complet	e Paperwork				
💄 Client Ir	formation:				
- Circine in	normation.				
Client	Tuesday Test				
Client ID	7060691				
Address:	999 Friday Street				
City/State/Zip	: Cranston RI 02920				
Home Phone	: (401) 222-3333				
Cell Phone:	(401) 333-2222				
Primary Language:	English				
Gender:	Female				
Date of Birth:	15-Apr-2022				
Age:	2 mths 14 days				
A Program	/Service Details:			Action	
- Hogran	bernee Details.			Action	
Date of Birth:		15-Apr-2022			
Type of Servi	ce:	Family Training/0	Counseling		

11 Click "Enter Notes"

			Other » Delete
View/Enter Appointment Details	Enter Notes Con	nplete Paperwork	
	Lier	nt Information:	
	Client	Tuesday Test	
2 *	Address	999 Friday Street	
	Home Pl	e/21p: Cranston RI 02920 none: (401) 222-3333	
inutes)	Cell Pho	ne: (401) 333-2222	
Q	Primary Languag	e: English	
pletion 🗸 🗹	Gender:	Female	
✓ Q*	Date of I	Birth: 15-Apr-2022	
e Completed 🗸 🔨	Age:	2 mths 14 days	
~	🗎 Prog	ram/Service Details	
✓ << *	Date of I	Birth:	15-Apr-2022
	Type of 1	Service:	Family Training/Counselin
	Program	r	Early Intervention

Complete relevant session note content as you normally would

			Other »	Delete	Save	Print
ppointment Details	Enter Notes	Complete Paperwor	'k			
ç:						
			30000 Characters Left			
last visit :						
			20000 Characters Left			
	15 1 232 No.		SOUDO CHARACTERS LEIL			
ition provided at last vi	sit and describe pr	ogress towards IFSP				
			30000 Characters Left			

Close sections you don't need by clicking the green plus signs.

<u>.</u>	practicing:
8	demonstrating activity to provider:
8	reviewing strategies and information:
	other:
8	Describe (optional):
0	ONGOING ASSESSMENT
0	SP UPDATE MEETING
Pri	or Written Notice was provided for this IFSP Update Meeting:
lfr	needed, IFSP services were updated and parental consent was obtaine
Su	mmary (optional):
0	PERIODIC IFSP REVIEW MEETING
Pri	or Written Notice was provided for this Periodic IFSP Review Meeting:
All	outcomes reviewed, outcomes updated as needed:
lfr	needed, IFSP services were updated and parental consent was obtaine
Sec. as	

14 Once you are done writing the note, go back to "View/Enter Appointment Details" tab

	View/Enter Appointment Details Enter Notes Complete Paperwor	k
	Actions	
	C Activities/Services	
	Insurance Coverage Change:	No 🗸
	Visit Participants:	complete sessio
		29960 Characte
	Important updates since our last visit :	
		30000 Characte
Resolved	Reflect on strategies/information provided at last visit and describe progress towards IFSP outcomes:	
Exempt		30000 Characte
	Outcomes addressed today:	

15 Change status from Pending Completion to Completed

k Screen	0
of Service:	29-JUN-2022
uled/Start Time:	12:33pm *
ntment Duration (Face to Face):	60 (Minutes)
er:	Sara Lowell
	Pending Completion
y Action:	FTC (Level 1)
Services:	Timely Service Completed 🗸 🔨
Location (Billing Location):	Test Location
of Service:	Home 🗸 🏹 *

16 Click "Save"

es Co	nplete Paperwork		
La Clie	nt Information:		
Client	Tuosday Tost		
Client	2 7060691		
Addres	s: 999 Friday Street		
City/Sta	te/Zip: Cranston RI 02920		
Home F	Phone: (401) 222-3333		
Cell Pho	one: (401) 333-2222		
Primary Langua	/ English ge:		
Gender	: Female		
Date of	Birth: 15-Apr-2022		
Age:	2 mths 14 days		
💼 Pro	gram/Service Detail	s:	Action 🗸
Date of	Birth:	15-Apr-2022	
Type of	Service:	Family Training/Counseling	
Program	n.	Farly Intervention	

17 Go to "Approval/Signatures" tab

				Other »	Delete	Save
*** Th	is note was approv	ed on 29-Jun-2022 ***				
pintment Details	Enter Notes	Complete Paperwork	Approva/Signatu	res		
		💄 Client In	formation:			
		Client	Tuesday Test			
		Client ID	7060691			
		Address:	999 Friday Street			
		City/State/Zip:	Cranston RI 02920			
		Home Phone:	(401) 222-3333			
		Cell Phone:	(401) 333-2222			
۹,		Primary Language:	English			
		Gender:	Female			
× Q*		Date of Birth:	15-Apr-2022			
		Age:	2 mths 14 days			
~ ~	50 St.					
		Dree				
		Program	Service Details:			
		Date of Birth		15-Apr-2022		

Sign session note with password (or, select mouse signature and sign with touchscreen/mouse)

	Signature Type	
(E-Signature OMouse Signature	
Logged in As	● Signee? ○ Other Welligent User?	
Signature Title	Administrator	
User Account	SARA.LOWELL@RIEISAND *	
Password	*	
Notes		
		Signatures (

	Signature	
	Ve/ify/Sign	E-Sign
stad /Th		

18

20 Session note is now saved and signed - click "Close"

nplete Paperv	ork Approval/Signa	atures		
💄 Clier	it Information:			
Client	Tuesday Test			
Client ID	7060691			
Address	999 Friday Street			
City/Stat	e/Zip: Cranston RI 02920			
Home Pl	ione: (401) 222-3333			
Cell Pho	ne: (401) 333-2222			
Primary Languag	e: English			
Gender:	Female			
Date of I	Birth: 15-Apr-2022			
Age:	2 mths 14 days			