



COUNTY OF SANTA CLARA
Behavioral Health Services

UPDATE CLIENT DATA

REV. 10/07/22

REVISIONS

Date	Slides	Revisions
10/07/2022	ALL	Made minor edits to help clarify instructions

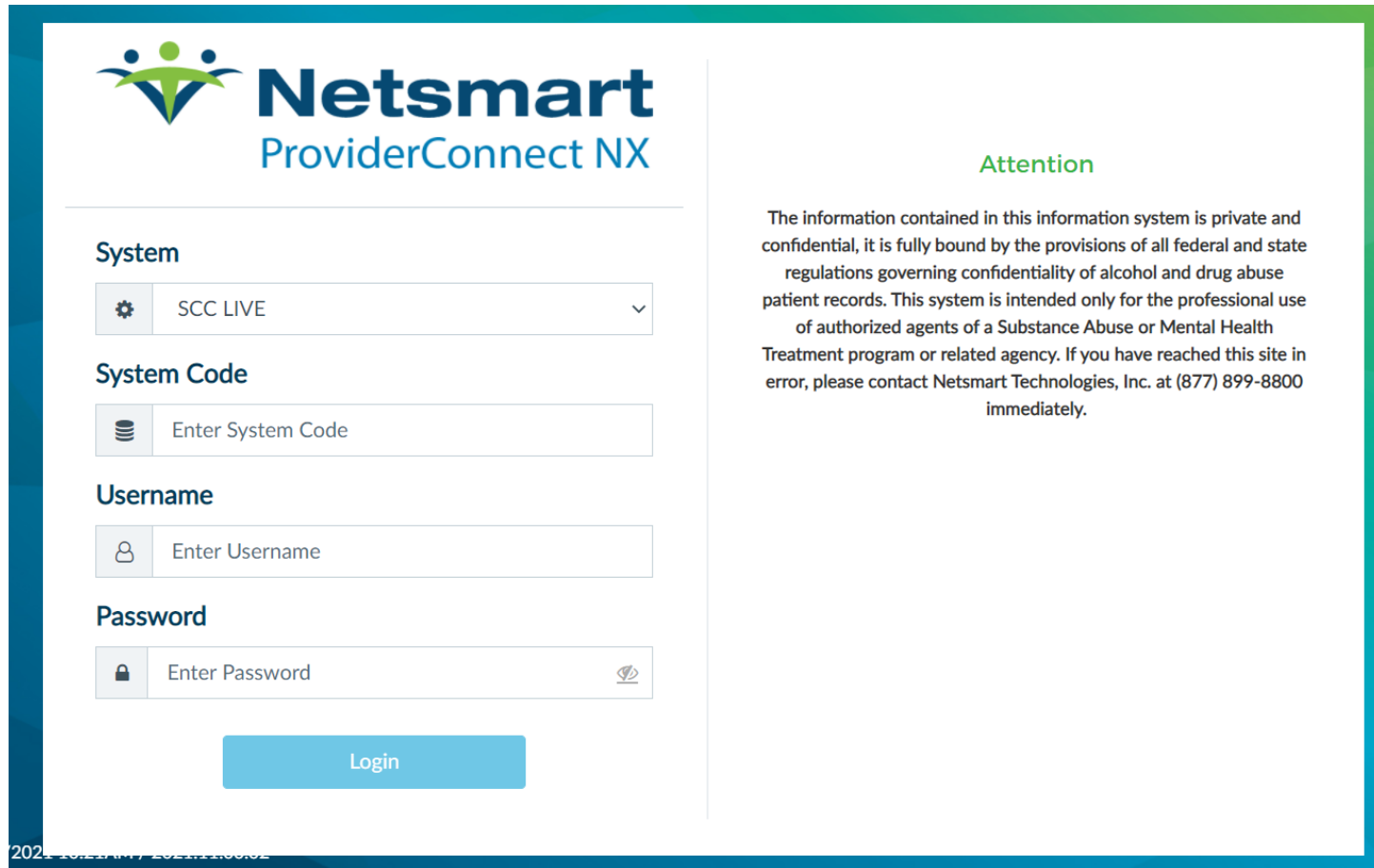
UPDATE CLIENT DATA


Purpose of Form:

The Update Client Data form allows the user to update a client's demographic information throughout the course of treatment. The information initially entered at admission may change during treatment and this form allows you to make updates, as necessary. The demographic information entered in this form can be pulled into other forms, such as Financial Eligibility, to save time, reduce the number of clicks, and make the workflow more efficient.

SIGN ON TO PROVIDERCONNECTNX

Enter the System Code, Username, and Password that were provided to you.



 **Netsmart**
ProviderConnect NX

System

System Code

Username

Password

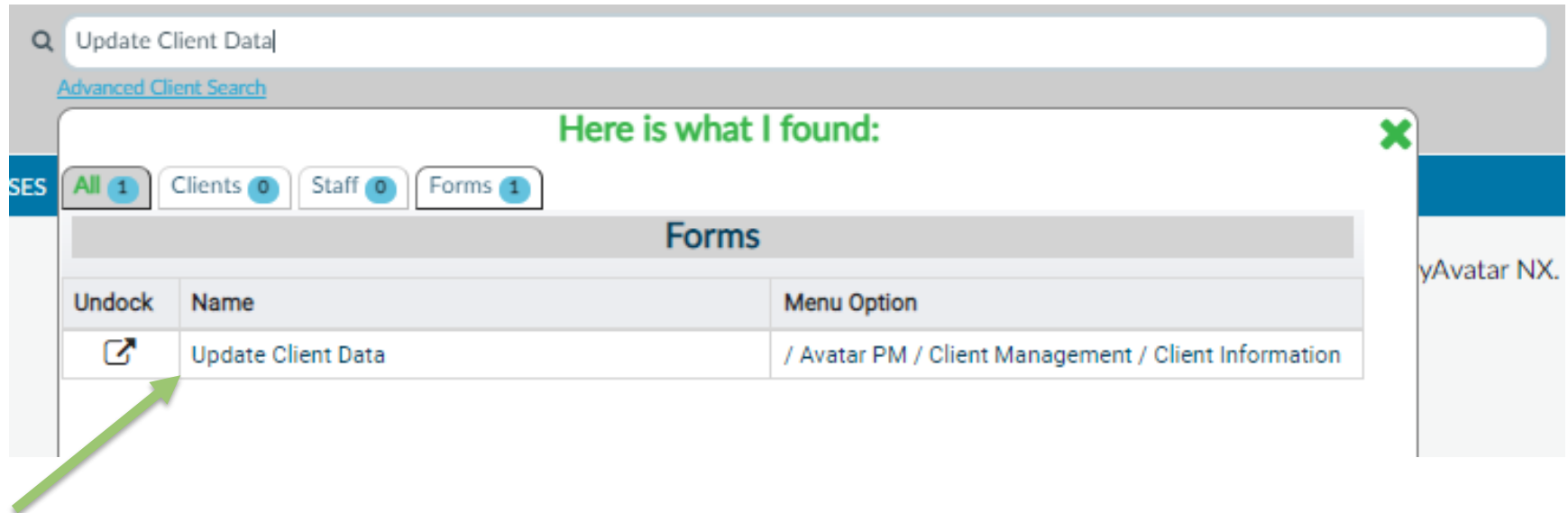
Login

Attention


The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

HOW TO ACCESS

After login click on Search, type and select **Update Client Data**



The screenshot shows a search bar with the text "Update Client Data". Below the search bar, there is a section titled "Here is what I found:" with a close button (X). Underneath, there are filter buttons for "All 1", "Clients 0", "Staff 0", and "Forms 1". The "Forms" filter is selected. Below the filters, there is a table with the following data:

Undock	Name	Menu Option
	Update Client Data	/ Avatar PM / Client Management / Client Information


A green arrow points to the "Update Client Data" entry in the table.

After selecting the Update Client Data form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	



Select your corresponding **PROGRAM**

✓ Selected Client : TEST,STEPH (000002790)

Select Episode

Name: STEPH TEST
ID: 2790
Sex: Female
Date of Birth: 01/01/1990

Episode	Program	Start	End
1	DTN SMH OP -Wellness	12/08/2021	



All fields will be auto-populated based on information inputted in the Admission form.

TEST,STEPH (000002834)



TEST,STEPH (000002834)
 F, 22, 01/01/2000
 Preferred Name: Tee
 Ht: -, Wt: -, BMI: -

Ep: 12 :
 DX P: -
 Problem P: -

Address: Homeless, San Jose, CA 95128
 Adm. Pract.: -
 Attn. Pract.: -

Phone #: 888-888-8888

Allergies (0)

UPDATE CLIENT DATA

Submit

Discard

Update Client Data

Aliases

Online Documentation

Client Name

TEST,STEPH

Sex *

- Female
 Male
 Transgender (F to M)
 Transgender (M to F)

**Client Last Name

TEST

**Client First Name

STEPH

**Client Middle Name

Preferred Name (What is the name you go by?)

Tee

Suffix

- Sr
 Jr
 III
 IV
 V
 VI

Prefix

Select

Date Of Birth

01/01/2000

Social Security Number

000-00-0000

Maiden Name

Marital Status

Select

**Preferred Language

Select

**Client Race

Select

Primary Language

Select

Religion

Select

**Ethnic Origin

Select

Place Of Birth

Country Of Origin

Select


Education

Select

PREFERRED NAME

Use the Preferred Name (1) field to record what a client prefers to be called. The preferred name displays in the Client Header (2) and in the Client Information widget.

TEST,STEPH (000002834)

	TEST,STEPH (000002834) F, 22, 01/01/2000 Preferred Name: Tee Ht: -, Wt: -, BMI: -	Ep: 12 : DX P: - Problem P: -	Address: Homeless, San Jose, CA 95128 Adm. Pract.: - Attn. Pract.: -	Phone #: 888-888-8888	Allergies (0)
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UPDATE CLIENT DATA Submit Discard

Update Client Data
Aliases
Online Documentation

Client Name: TEST,STEPH

Date Of Birth: 01/01/2000

Sex *
 Female
 Male
 Transgender (F to M)
 Transgender (M to F)

Social Security Number: 000-00-0000

Maiden Name: [Empty]

**Client Last Name: TEST

Marital Status: Select

**Client First Name: STEPH

**Client Middle Name: [Empty]

**Preferred Language: Select

**Client Race: Select

Preferred Name (What is the name you go by?): Tee

Primary Language: Select

Religion: Select

Suffix:
 Sr Jr III
 IV V VI

**Ethnic Origin: Select

Place Of Birth: [Empty]

Prefix: Select

Country Of Origin: Select

Education: Select

1 (arrow pointing to Preferred Name field)

2 (arrow pointing to Client Header)

ALIAS

When entering preferred name, enter the preferred name in the Alias field too. Once an alias has been recorded, you can search for client utilizing the alias.

UPDATE CLIENT DATA

Update Client Data

Aliases

Online Documentation

▼ Aliases

**Alias	Alias 6
TEE	
Alias 2	Alias 7
Alias 3	Alias 8
Alias 4	Alias 9
Alias 5	Alias 10

Smoker

Select x ▼

Client's Cell Phone

Client's Email Address

Smoking Status Assessment

Communication Preference

Email

Work Phone

Text

Mother's Maiden Name

CLIENT'S ADDRESS

When you enter a California Zip code the City, County, State, auto-populate based on the Zip code.

**Client's Address - Street	
<input type="text"/>	
**Client's Address - Street 2	
<input type="text"/>	
**Client's Address - Zipcode	**Client's Address - City
<input type="text" value="95128"/>	<input type="text" value="San Jose"/>
**Client's Address - State	**Client's Address - County
<input type="text" value="CALIFORNIA"/> x v	<input type="text" value="Santa Clara"/> x v
**Client's Home Phone	**Client's Work Phone
<input type="text"/>	<input type="text"/>

CLIENT DECLINED TO PROVIDE INFORMATION ON THE FOLLOWING

If client declines to answer Ethnic Origin, Race, or Language, check the corresponding box and the field will be disabled.

**Preferred Language Farsi x v	**Client Race Asian, Cambodian x v
Primary Language Select v	Religion Agnostic x v
**Ethnic Origin Cuban x v	
Place Of Birth San Jose	
Country Of Origin United States x v	Education High School x v
Employment Status Unemployed, seeking in last 30 days x v	Occupation Other x v
Client Declined To Provide Information On The Following	
<input type="checkbox"/> Ethnic Origin <input type="checkbox"/> Race <input checked="" type="checkbox"/> Language	

Input all changes needed to be made to client's information. Once information has been added/corrected, click **Submit**.

TEST,STEPH (000002834)



TEST,STEPH (000002834)
F, 22, 01/01/2000
Preferred Name: Tee
Ht: -, Wt: -, BMI: -

Ep: 12 :
DX P: -
Problem P: -

Address: Homeless, San Jose, CA 95128
Adm. Pract.: -
Attn. Pract.: -

Phone #: 888-888-8888

Allergies (0)



Submit

Discard

UPDATE CLIENT DATA

Update Client Data

Aliases

Online Documentation

Client Name

TEST,STEPH

Sex *

Female
 Male

Transgender (F to M)
 Transgender (M to F)

**Client Last Name

TEST

**Client First Name

STEPH

**Client Middle Name

Preferred Name (What is the name you go by?)

Tee

Suffix

Sr
 IV

Jr
 V

III
 VI

Prefix

Select

Date Of Birth

01/01/2000

Social Security Number

000-00-0000

Maiden Name

Marital Status

Select

**Preferred Language

Select

**Client Race

Select

Primary Language

Select

Religion

Select

**Ethnic Origin

Select

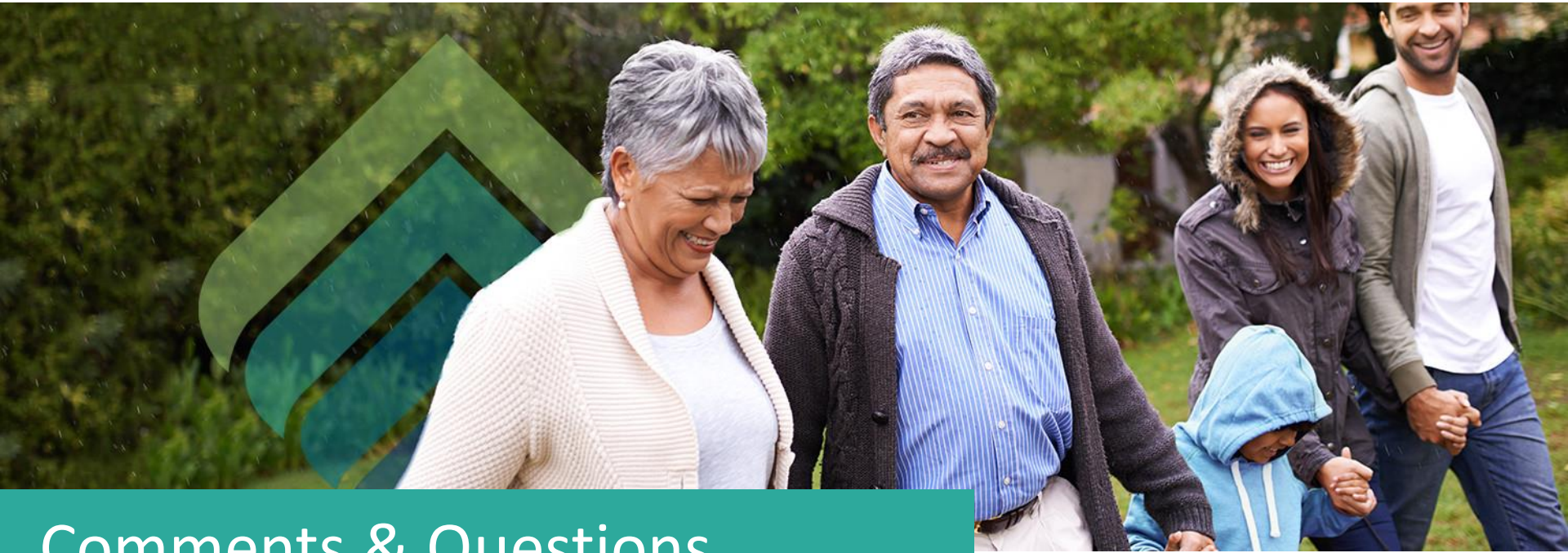
Place Of Birth

Country Of Origin

Select

Education

Select



Comments & Questions