Dacima Forms – Clinical Visit

Frequency of Administration Cheat Sheet for Clinical Visits

youth wellness hubs

ONTARIO

Dacima Form	First Visit	Subsequent Visit (less than 7 days)	Subsequent Visit (8 days +; less than 30 days)	Subsequent Visit (30 days or more)
Registration Form (Registration)*	√	-	-	-
Before and/or While Cliniciar	n is Seeing Client			
Service Request Form (SERVICE_REQUEST)*	√	√	√	√
Start of Visit Form (START_VISIT)*	,	((1
 Add provider of START_VISIT* 	√	~	✓	\checkmark
Consent – Youth (CONSENT)	√	-	-	-
Reason for Visit (REASON_VISIT)	√	√	\checkmark	\checkmark
Demographic Survey – Youth (DEMO)	√	-	-	\checkmark
Kessler Psychological Distress Scale (K10)	√ 	-	-	\checkmark
K10 (Past Week) – (K10W)	-	-	\checkmark	-
Self-Rated Health (SRH)	✓ ✓	-	\checkmark	\checkmark
Self-Rated Mental Health (SRMH)	√	-	\checkmark	\checkmark
Global Appraisal of Individual Needs: Short Screener (GAIN-SSS)	√	-	-	\checkmark
Outcome Questionnaire – 45 (OQ-45)	-	-	✓	-
Outcome Rating Scale (ORS)	✓	-	✓	\checkmark
Goal-Based Outcomes (GBO)	√	-	\checkmark	\checkmark
Patient Health Questionnaire (PHQ-9)	√	-	✓	\checkmark
Session Rating Scale (SRS)	\checkmark	\checkmark	\checkmark	\checkmark
Columbia – Suicide Severity (C-SSRS)* .	√	-	\checkmark	\checkmark
GAIN-SS (GAIN-SS)	OPTIONAL	OPTIONAL	OPTIONAL	OPTIONAL
After Client Has Receive	ed Services			
After Client Has Receive End of Visit Form (END_VISIT)*		1		
After Client Has Receive	ed Services	√ √	✓ ✓	√ √