

**Common Assessment Practice Configuration Form**

**(NextGen EHR Only)**

Community Practice Services

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Fax to: 513-636-0504                          Attention: Application Specialist Team

From: \_\_\_\_\_                          Practice Name: \_\_\_\_\_                          Date: \_\_\_\_\_

Phone: \_\_\_\_\_                          Fax: \_\_\_\_\_

**Common Assessment**

Category Name _____	Assessment Code New _____	Assessment to Remove _____
Category Name _____	Assessment Code New _____	Assessment to Remove _____
Category Name _____	Assessment Code New _____	Assessment to Remove _____
Category Name _____	Assessment Code New _____	Assessment to Remove _____
Category Name _____	Assessment Code New _____	Assessment to Remove _____

(There is limited space to add new codes and categories. May need to remove codes to add codes)