Common Assessment Practice Configuration Form

(NextGen EHR Only)

Community Practice Services

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)