Client Template and Upload Instructions

1. Please fill out all of the columns with information for each client demographic data point on the excel template.
   a. Unless specifically noted in the Client Demographic Data Points and Descriptions table below, all columns with an asterisk (*) must contain information for the upload to be completed within the Raven Health application.
   b. Note: If the client has multiple Diagnoses Codes, please separate them with a comma (ex., F80.4, F80.89)
2. Each client should be on an individual row.
3. To upload to the application (quickest method), follow these instructions:
   1. Login to the web application (app.ravenhealth.com) from a desktop/laptop computer
   2. Click on the Menu Pane
   3. Select the Client Space
   4. Click the Upload Button
   5. Click the Upload Data from File Button
   6. Select your Client Import File
   7. Follow the Upload Instructions
4. If you prefer, you can have your Raven Customer Success Manager upload the client file into the application (Estimate a 48-business hour turnaround).
   a. Note: If this option is best for you, please get in touch with your Customer Success Manager for them to set up a HIPAA secure folder for the file upload.

Client Demographic Data Points and Descriptions		
Demographic Data Point	Format / Input Options	Description
Identifier*	Text/Numbers	Identifier or Medical Record #
First Name*	Text	First Name
Last Name*	Text	Last Name
Gender*	(Male, Female, Other)	Gender
Birth Date*	(MM/DD/YYYY)	Birth Date
Address Type*	(Home, Work)	Home or Work Address
Street Address*	Text/Numbers	Street Address
City*	Text	City
State*	Text (State Abbreviation, ex. NY)	State
Postal Code*	Numbers	Postal Code
Guardian First Name*	Text	Guardian First Name
Guardian Last Name*	Text	Guardian Last Name
Guardian Phone Number*	(###) ###-####	Guardian Phone Number
Guardian Email*	Text	Guardian Email Address
Guardian Relationship*	(See Table Below for Options) (ex. Mother)	Guardian Relationship
Intake Date*	(MM/DD/YYYY)	Intake Date
Diagnoses*	(See Table Below for Options) (ex. F84.0)	ICD-10 Diagnosis Codes
Staff*	Text	Primary Clinician (BCBA) within the application

Guardian Relationship Options
Mother
Father
Maternal Grandmother
Maternal Grandfather
Aunt
Uncle
Cousin
Sibling
Non-Family Member
Federal Appointed Guardian
State Appointed Guardian

Diagnosis Code (ICD-10) Options	
Diagnosis Code	Description
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F84.0	Autistic disorder
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F82	Specific developmental disorder of motor function
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development