Ritten

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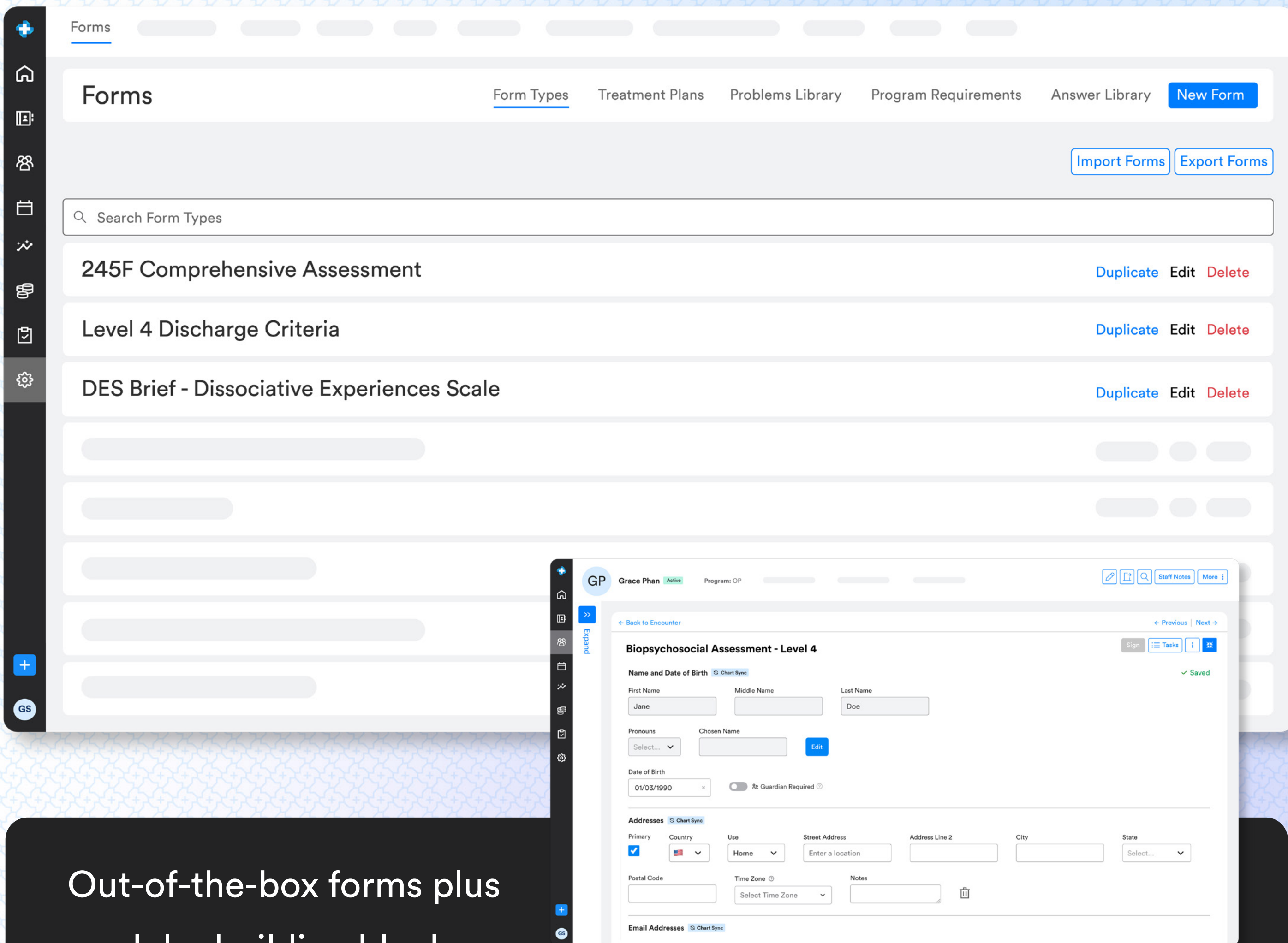
Ritten Forms

Seed Library, Standard Sections & Form Builder Guide



Out-of-the-box forms plus modular building blocks (“standard sections”) to create exactly what you need.

Welcome to Your Ritten Forms Library

This guide is your reference for everything forms-related in Ritten.
It covers three things in one place:

- **Seed Forms**
  pre-built forms that come loaded in your environment, ready to use or modify.
- **Standard sections**
  the modular building blocks you can mix and match to create custom forms tailored to your program.
- **Form Builder**
  a walkthrough of how to create, configure, and maintain forms so your team always has the right documentation at the right time.

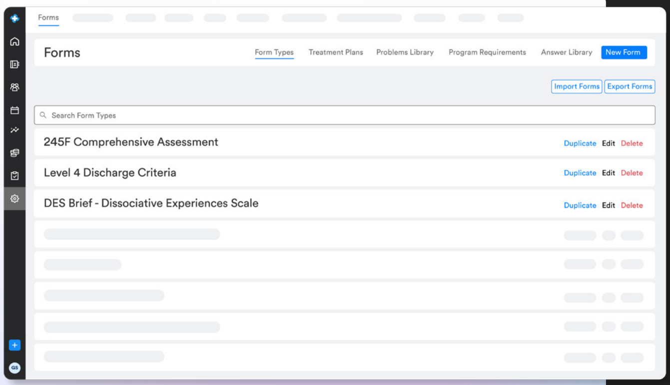
Whether you want to get a new form live quickly, customize an existing one, or understand how to configure signatures and due dates, this guide walks you through all of it.

Section 1

Seed forms

Pre-built forms that come ready to use with Ritten

Seed forms are pre-built forms that come loaded in every Ritten environment. For most teams, seed forms cover the majority of day-one documentation needs - intake, core assessments, progress notes, treatment planning, and discharge workflows.



You can use seed forms as-is, or open any one of them in the Form Builder and customize them to match your program's workflows, branding, and compliance requirements. Each form below includes a download link to load it directly into your Ritten environment.

Seed forms included (high-level categories)

- Clinical notes and documentation (therapy notes, contact notes, crisis notes, etc.)
- Standardized assessments and screeners (PHQ-9, GAD-7, C-SSRS, etc.)
- Treatment planning (initial and ongoing treatment plans)
- Admission / discharge / transfer workflows (aftercare plans, discharge summaries, orientation checklists, etc.)
- Consents, legal, and financial forms (telehealth consent, HIPAA NPP, ROI, etc.)
- Medical and nursing forms (H&P, vitals, medication-related forms, nursing notes, etc.)
- Level-of-care criteria documentation (admission, continued stay, and discharge criteria)

The Ritten Seed Forms Index

All seed forms are grouped by workflow below. Click any download link to load that form into your Ritten environment. Your environment may include additional forms depending on your configuration.

Clinical notes & documentation

- **Contact Note** Download this form into Ritten
- **Crisis Intervention Note** Download this form into Ritten
- **EMDR Progress Note** Download this form into Ritten
- **Family Therapy Progress Note** Download this form into Ritten
- **Group Note (Group)** Download this form into Ritten
- **Group Note (Individual)** Download this form into Ritten
- **Individual Therapy Progress Note** Download this form into Ritten
- **Mental Status Exam** Download this form into Ritten
- **Psychiatric Evaluation** Download this form into Ritten
- **Treatment Team Meeting Group Note** Download this form into Ritten
- **Treatment Team Note** Download this form into Ritten

Assessments & screeners

- **(DAST-10) Drug Abuse Screening Questionnaire** Download this form into Ritten
- **AIMS Assessment** Download this form into Ritten
- **Adult ADHD Self Report Scale (ASRS-v1.1) Symptom Checklist** Download this form into Ritten
- **Beck Depression Inventory** Download this form into Ritten
- **Biopsychosocial (BPS) Assessment - Mental Health** Download this form into Ritten

“Working with Ritten is a complete 180 from every EMR experience we’ve had so far. The responsiveness is incredible. You guys actually get how our programs work.”

Trevor Shevin, CEO Sterling Recovery

Assessments & screeners (continued)

- **Columbia Suicide Severity Rating Scale (C-SSRS) - Brief Screener**
  Download this form into Ritten
- **DASS 21 FORM** Download this form into Ritten
- **Depression Anxiety Stress Scales (DASS 42)** Download this form into Ritten
- **Follow-Up Questionnaire** Download this form into Ritten
- **GAD-7 Assessment** Download this form into Ritten
- Intake Survey
- **LOCUS Assessment** Download this form into Ritten
- **PHQ-9** Download this form into Ritten
- **PTSD Checklist for DSM V PCL5** Download this form into Ritten
- **Biopsychosocial (BPS) Assessment - Level 3** Download this form into Ritten
- **Biopsychosocial (BPS) Assessment - Level 4** Download this form into Ritten
- **Brief Addiction Monitor (BAM)** Download this form into Ritten
- **Brown Stanley Safety Plan** Download this form into Ritten
- **Client Inventory / Item Search** Download this form into Ritten
- **Columbia Suicide Severity Rating Scale (C-SSRS)** Download this form into Ritten

Admission, discharge & transfer

- **AMA Discharge Form** Download this form into Ritten
- **Admission Note** Download this form into Ritten
- **Admission/Discharge Criteria** Download this form into Ritten
- **Admissions Orientation Checklist** Download this form into Ritten
- **Aftercare Plan and Instructions** Download this form into Ritten
- **Client Discharge Inventory** Download this form into Ritten
- **Discharge Medication Count** Download this form into Ritten
- **Discharge Note** Download this form into Ritten
- **Discharge Planning Note** Download this form into Ritten
- **Discharge Summary** Download this form into Ritten
- **Discharge Survey** Download this form into Ritten
- **Emergency Medical Transfer** Download this form into Ritten

Admission, discharge & transfer (continued)

- Medical Discharge Note Download this form into Ritten
- Nursing Discharge Download this form into Ritten
- Nursing Discharge Note Download this form into Ritten
- Pre-Admission Screen Form Download this form into Ritten
- Self-Preservation Statement Download this form into Ritten

Treatment planning

- Clinical Treatment Plan Download this form into Ritten
- Initial Treatment Plan Download this form into Ritten
- Problem List Download this form into Ritten

Consents, legal & financial

- Activities Release and Waiver of Liability Download this form into Ritten
- Advanced Directives Download this form into Ritten
- Client Rights and Grievances Procedure Download this form into Ritten
- Consent for Discharge Follow-Up Download this form into Ritten
- Consent for Telehealth Download this form into Ritten
- Consent for Therapeutic Photograph Download this form into Ritten
- Consent for Therapeutic Photograph & Camera Surveillance Download this form into Ritten
- Consent to Treatment Download this form into Ritten
- Financial Agreement Download this form into Ritten
- HIPAA Notice of Privacy Practices Download this form into Ritten
- Medications Informed Consent Download this form into Ritten
- Release of Information Download this form into Ritten
- Specific Authorization for Psychotropic Medications Download this form into Ritten
- Transportation Release and Waiver of Liability Download this form into Ritten

Medical & nursing

- Fall Risk Assessment Tool Download this form into Ritten
- HIV/AIDS/TB/STD Information Sheet Download this form into Ritten
- History and Physical Download this form into Ritten

Medical & nursing (continued)

- Medical Progress Note Download this form into Ritten
- Medical Treatment Plan Download this form into Ritten
- Medications Brought in by Patient Download this form into Ritten
- Nursing Assessment Download this form into Ritten
- Nursing Narrative Group Section Download this form into Ritten
- Nursing Progress Note Download this form into Ritten
- Nursing Re-Assessment Download this form into Ritten
- POC Results - Access Form Download this form into Ritten
- POC Results (Medical) Download this form into Ritten
- Pain Assessment Download this form into Ritten
- Pain Reassessment Download this form into Ritten
- Self-Administration of Medication Competency Download this form into Ritten
- TB Test Assessment Download this form into Ritten
- Universal Precautions for HIV and Infection Control Download this form into Ritten
- Vitals Download this form into Ritten

Level-of-care criteria

- DTX - Adult Level 3.7-D - Admissions Criteria Download this form into Ritten
- DTX - Adult Level 3.7-D - Continued Stay Criteria Download this form into Ritten
- DTX - Adult Level 3.7-D - Discharge/Transfer Criteria Download this form into Ritten
- IOP - Adult Level 2.1 - Admissions Criteria Download this form into Ritten
- IOP - Adult Level 2.1 - Continued Stay Criteria Download this form into Ritten
- IOP - Adult Level 2.1 - Discharge/Transfer Criteria Download this form into Ritten
- OP - Adult Level 1 - Admissions Criteria Download this form into Ritten
- OP - Adult Level 1 - Continued Stay Criteria Download this form into Ritten
- OP - Adult Level 1 - Discharge/Transfer Criteria Download this form into Ritten
- PHP - Adult Level 2.5 - Admissions Criteria Download this form into Ritten
- PHP - Adult Level 2.5 - Continued Stay Criteria Download this form into Ritten
- PHP - Adult Level 2.5 - Discharge/Transfer Criteria Download this form into Ritten
- RTC - Adult Level 3.5 - Admission Criteria Download this form into Ritten
- RTC - Adult Level 3.5 - Continued Stay Criteria Download this form into Ritten

Level-of-care criteria (continued)

- **RTC - Adult Level 3.5 - Discharge/Transfer Criteria** Download this form into Ritten
- **4th Edition Admission Criteria** Download this form into Ritten
- **4th Edition Continued Care Criteria** Download this form into Ritten
- **4th Edition Discharge Criteria** Download this form into Ritten
- **4th Edition Reference Guide** Download this form into Ritten
- **4th Edition Transfer Criteria** Download this form into Ritten

Other

- **Behavioral Contract** Download this form into Ritten
- **Referral Form** Download this form into Ritten
- **Safe Call** Download this form into Ritten

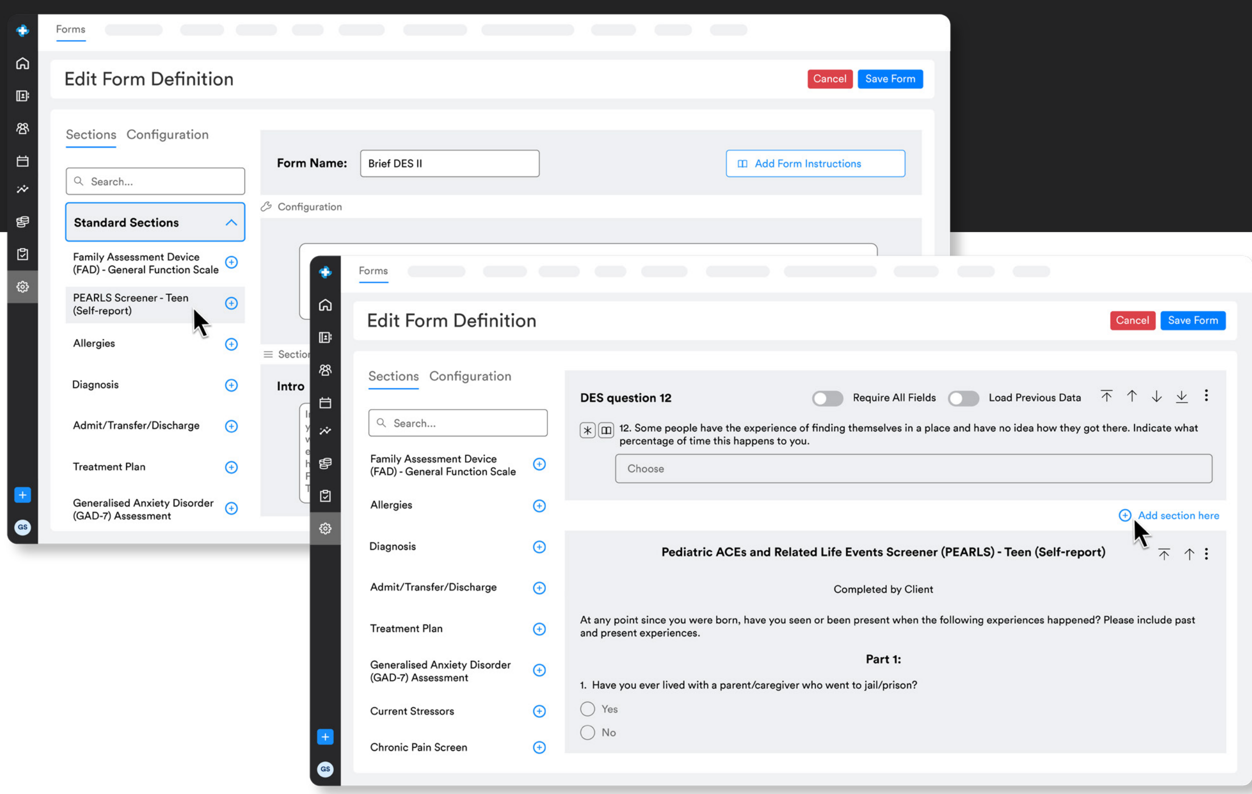
> “One of the most striking features of Ritten EMR is its ease of use. The platform’s user-friendly interface and intuitive navigation have made our transition from our previous EMR much smoother than we anticipated. Ritten’s platform is straightforward and simple, but comprehensive.”
>
> Owner, Acorn Counseling & Meditation

Section 2

Standard sections

Ritten’s Modular Building Blocks

Standard sections are reusable, modular form sections - think of them as lego bricks for documentation. You can mix and match them to build a complete form tailored to your workflow, program type, and compliance needs.



You can use standard sections in two ways:

- Add them to a seed form to get a semi-custom form quickly.
- Combine them from scratch to build a fully custom form from the ground up.

About Standard Sections

Some standard sections have a chart sync icon in the Form Builder. These sections push data to and from the client chart automatically - things like demographics, medications, diagnoses, and care team information. You do not need to do any extra configuration for chart sync sections; the connection happens automatically.

Other standard sections are pre-built screeners and assessments (like the C-SSRS, GAD-7, and COWS) that the engineering team has built with structured scoring logic. New standard sections are built by the Ritten engineering team, so the catalog grows over time.

For anything not covered by a standard section, you can build a custom section in the Form Builder. Any custom section you build is saved and available for reuse across forms.

Pro Tip

Use smaller, more pointed sections rather than one large section whenever possible. Smaller sections give you much more flexibility - you can reuse individual parts across forms without having to include the whole block. If you want data to carry forward from one form to another, the section must be the same section (same ID). Smaller sections make it easier to share only the data you need between forms.

Standard sections catalog

All standard sections are available in the Form Builder under the standard sections panel. Below they are grouped by the workflow they support.

Client demographics & administrative

- Authorizations
- Demographic - Addresses
- Demographic - Email & Phone
- Demographics
- Demographics - Brief
- Demographics Information Form
- Funding Source
- Insurance
- Name & DOB
- Referral
- SSN

Clinical alerts & medication list

- Allergies
- Diagnoses
- Medications
- Warnings

Care team & contracts

- Care Team
- Client Contacts
- Clinic Teams

Program, services & lifecycle

- Admit Survey
- DAANES Admission
- DAANES Discharge
- Dietary Restrictions
- Discharge Survey
- Start/Stop Additional Services

Psychosocial & history

- Activities of Daily Living
- Childhood History
- Cultural/Spiritual Preferences
- Current Stressors
- Education Information
- Emotional/Behavioral History
- Employment Information
- Family and Relationships
- Financial Issues
- Grief/Bereavement
- Legal Information
- Leisure/Recreation Information
- Living Environment
- Military Service
- Process Addictions
- Social/Peer Groups
- Substance Use History
- Trauma/Abuse History
- Treatment History

Section 3

How to Build and Customize a Form

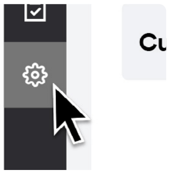
The Ritten Form Builder lets you create new forms, add standard or custom sections, and configure signatures, portal delivery, and due dates. All of your form editing happens in Configurations - there is no other place in the platform to find or edit forms.

Recommended build workflow (best practice)

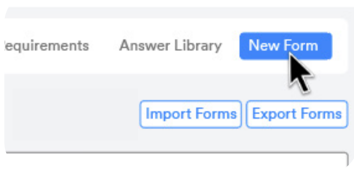
- Start from a seed form when possible, then modify it rather than building from scratch.
- Use standard sections for reusable building blocks so changes stay consistent across multiple forms.
- Build smaller, focused sections rather than one large section - it makes data carry-through much more flexible.
- Add signature requirements only where you truly need them to avoid bottlenecks.
- Use default and recurring due dates to make compliance and measurement-based care easier to operationalize.
- Pilot with a small group of staff, then iterate based on feedback before scaling across programs.

Create a new form

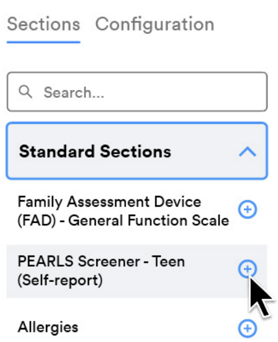
① Go to **Configurations**.



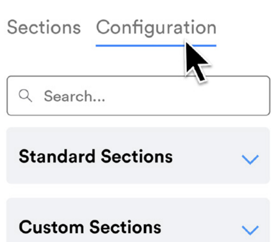
② Click **New Form** to create a new form.



③ Use the **plus (+)** button to add standard sections and/or custom sections.



④ Click the **Configurations tab** button to set signature requirements, enable the form for the portal, and configure recurring due dates.



⑤ Name your form.

⑥ Click **Save Form**. The form will appear in your forms library.

Question Types

When building a custom section, you can choose from the following question types:

- **Single line text** - a short text field that does not expand.
- **Paragraph** - a free-text field that expands as needed. This is the most flexible option for clinical notes.
- **Text display only** - read-only text. Useful for consent paperwork where the client reads content and signs at the end, with nothing to fill out.
- **Multiple choice, checkboxes, scales** - structured inputs you can assign point values to for calculated scoring.
- **Calculated value** - sums, differences, or other functions across scored fields. You can also add a scoring rubric explanation (e.g., what a score of 7 means).
- **Date, time, and other field types** - self-explanatory inputs for structured data capture.

Calculated Values and Hiding Fields from Clients

For assessments with scoring, you can mark calculated value fields as hidden from clients. This prevents clients from seeing their own score during a portal-delivered form - which matters because clients who can see their score may adjust their answers. Staff still see the full score on their version of the form.

Answer Library (Templated Text)

The Answer Library is available on any paragraph-type question. You access it via the lightning bolt icon next to the field. It lets you create a library of pre-written blurbs that staff can insert with a click rather than retyping the same text over and over.

Common uses include:

- Group topic descriptions for group notes
- Standard AMA discharge language
- Boilerplate referral or aftercare text

The Answer Library is also currently the only place in Ritten where dynamic fields (like client name) are supported. If you need a consent form to auto-populate a client's name, it must be done through a paragraph section using the Answer Library. Dynamic fields are not available in other question types at this time.

Required Questions

When building or editing a form, you can mark individual questions as required. The form cannot be completed or signed until all required fields are filled in.

Important

Use required questions thoughtfully. Over-requiring fields can cause problems - if a question doesn't apply to a particular client, staff may have to enter a placeholder answer just to submit the form. As a rule, only require fields that must be answered every time, without exception, for every client the form is used with.

Load Previous Answers into a New Form

For longitudinal documentation, you can configure a section to pull in data from the most recent previous instance of the same form. This is helpful for tracking changes over time without re-entering data that has not changed.

To enable this:

1. Log into Ritten.
2. Go to **Configurations** > **Forms** and edit the form you want to update.
3. In the desired section, click **"Load Previous Data"**.
4. Select the option to load data from the previous instance of that note for the client.
5. Save the form.

Important

Load Previous Data only works when the exact same section (by ID) is used across forms. If you accidentally create two sections with the same name but different IDs - for example, by duplicating a form - data will not carry between them. Always reuse the original section rather than recreating it from scratch.

Enable Portal Library

To send a form through the client portal, you must first enable the Portal toggle in the form's Configuration tab. If the toggle is off, the form cannot be sent through the portal. Enabling the toggle does not automatically send the form - it just makes the form available to be sent.

A good practice is to enable portal delivery on all consent forms, even if you are not currently sending them that way. It gives you the flexibility to do so later without having to go back and update configuration.

Load Previous Answers into a New Form

You can require client signatures and staff signatures. Forms are not marked complete until all required signatures are collected.

Staff signature logic:

- Multiple roles added within the same signature requirement behave like an OR rule - any one of those roles can sign to satisfy the requirement.
- Multiple separate staff signature requirements behave like an AND rule - each requirement must be satisfied independently.

For client signatures, use Client or Guardian rather than Client Only whenever possible. Client or Guardian allows a guardian to sign for minors, whereas Client Only requires the client themselves to sign regardless of age.

Important

Keep signature requirements minimal and at the highest applicable role. It is rarely necessary to require more than one or two staff signatures on a form. Over-configuring signatures - for example, requiring a non-licensed clinician, a clinical director, AND a medical staff member - creates workflow bottlenecks. If the clinical director signs, they should satisfy the requirement on their own. The goal is the fewest signatures needed to meet your compliance requirements, not the most.

Set Default and Recurring Due Dates

In the Configuration tab, use the plus (+) icon under Due Date to set a default due date. This countdown starts from the day the form is created on a client's chart - not from today. It applies to every subsequent instance of the form, making it useful for recurring documentation like monthly outcome measures.

If you want to trigger a reminder for the first time a form is completed after admission (rather than recurring follow-ups), that is handled through Program Requirements, which is a separate feature. Due dates in Form Configuration are for recurring cadences after the first instance.

A Note on Duplicating Forms

Important

Use the Duplicate button with caution. Duplicating a form creates copies of all its sections with new IDs - even if they have the same names. Duplicate sections will not share data with the originals and will not carry forward information from prior forms. If you need multiple similar forms, it is usually better to build them using shared standard sections than to duplicate and diverge. Reach out to your Ritten team if you are unsure.

The Ritten standard sections complete catalog

If you prefer to browse standard sections as a flat list, here is the complete catalog (type shown in parentheses).

- ACORN Assessment - Standardized assessments & outcomes
- Abnormal Involuntary Movement Scale (AIMS) - Vitals, medical & physical
- Activities of Daily Living - Psychosocial & history
- Admit Survey - Program, services & lifecycle
- Admit/Transfer/Discharge - Program, services & lifecycle
- Adult Hope Scale Assessment (Give to parents of kids 10 or under and clients 17 and above) - Standardized assessments & outcomes
- Alcohol Withdrawal Assessment Flowsheet (CIWA-AR) - Withdrawal management
- Allergies - Clinical alerts & medication list
- Authorizations - Client demographics & administrative
- BAC - Vitals, medical & physical
- Beck Anxiety Inventory (BAI) - Standardized assessments & outcomes
- Beck Depression Inventory - II (BDI) - Standardized assessments & outcomes
- Benzodiazepine Withdrawal Assessment Scale (CIWA-B) - Withdrawal management
- Brief Addiction Monitor (BAM) - Standardized assessments & outcomes
- Care Team - Care team & contacts
- Childhood History - Psychosocial & history
- Children's Hope Scale Assessment (Give to kids 10 - 16) - Standardized assessments & outcomes
- Chronic Pain Screen - Vitals, medical & physical
- Client Contacts - Care team & contacts
- Clinic Teams - Care team & contacts
- Clinical Opiate Withdrawal Scale (COWS) - Withdrawal management
- Columbia Suicide Severity Rating Scale - Assessment (CSSRS) - Safety & risk
- Columbia Suicide Severity Rating Scale - Screen - Safety & risk
- Cultural/Spiritual Preferences - Psychosocial & history
- Current Stressors - Psychosocial & history
- DAANES Admission - Program, services & lifecycle

- DAANES Discharge - Program, services & lifecycle
- Danger Assessment - Safety & risk
- Demographic - Addresses - Client demographics & administrative
- Demographic - Email & Phone - Client demographics & administrative
- Demographics - Client demographics & administrative
- Demographics - Brief - Client demographics & administrative
- Demographics Information Form - Client demographics & administrative
- Depression Anxiety Stress Scales (DASS) - Standardized assessments & outcomes
- Depression PHQ-9 (Patient Health Questionnaire) - Standardized assessments & outcomes
- Diagnoses - Clinical alerts & medication list
- Dietary Restrictions - Program, services & lifecycle
- Discharge Survey - Program, services & lifecycle
- Education Information - Psychosocial & history
- Emotional/Behavioral History - Psychosocial & history
- Employment Information - Psychosocial & history
- Family Assessment Device - General Function Scale (hybrid) - Standardized assessments & outcomes
- Family and Relationships - Psychosocial & history
- Financial Issues - Psychosocial & history
- Funding Source - Client demographics & administrative
- Generalised Anxiety Disorder (GAD-7) Assessment - Standardized assessments & outcomes
- Glucose Reading - Vitals, medical & physical
- Grief/Bereavement - Psychosocial & history
- Height and Weight - Vitals, medical & physical
- Insurance - Client demographics & administrative
- Intolerance of Uncertainty Scale (IUS) - Standardized assessments & outcomes
- Legal Information - Psychosocial & history
- Leisure/Recreation Information - Psychosocial & history
- Life Skills Index (LSI) - Standardized assessments & outcomes

- Living Environment - Psychosocial & history
- McLean Screening Instrument for BPD (MSI-BPD) - Standardized assessments & outcomes
- Medications - Clinical alerts & medication list
- Military Service - Psychosocial & history
- Modified Schmid Fall Risk Assessment Tool - Vitals, medical & physical
- Name & DOB - Client demographics & administrative
- Outcome Questionnaire (OQ-45.2) - Standardized assessments & outcomes
- PEARLS Screener - Child - Standardized assessments & outcomes
- PEARLS Screener - Teen - Standardized assessments & outcomes
- PEARLS Screener - Teen (Self-report) - Standardized assessments & outcomes
- PTSD Checklist for DSM-5 (PCL-5) - Safety & risk
- Pain Scale - Vitals, medical & physical
- Process Addictions - Psychosocial & history
- Referral - Client demographics & administrative
- Release of Information - Other
- SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) Lifetime/Recent - Youth - Safety & risk
- SSN - Client demographics & administrative
- Social/Peer Groups - Psychosocial & history
- Start/Stop Additional Services - Program, services & lifecycle
- Substance Use History - Psychosocial & history
- Trauma/Abuse History - Psychosocial & history
- Treatment History - Psychosocial & history
- Treatment Plan - Treatment planning
- Treatment Plan Reference - Treatment planning
- Vitals - Vitals, medical & physical
- Warnings - Clinical alerts & medication list

Section 4

Form Instructions:

Guide Your Team and Power **Ritten** Intelligence

Form Instructions let you embed guidance directly into your forms so staff see the right expectations while they document - not after the fact. They are one of the most impactful things you can do to improve documentation quality, reduce denials, and get more out of Ritten's AI features.

What are Form Instructions?

Form Instructions let you add two types of guidance:

- Form-level instructions - appear at the top of the form and set overall documentation expectations for that note type.
- Field-level instructions - appear next to individual questions to clarify exactly how each field should be answered.

Instructions are visible to staff as they complete the form. Clinicians can open a side panel in Ritten to reference the instructions while charting - which is especially useful for new staff or training purposes. Instructions are not visible to clients and are not included in documentation sent to payers.

Form Instructions unlock Ritten Intelligence

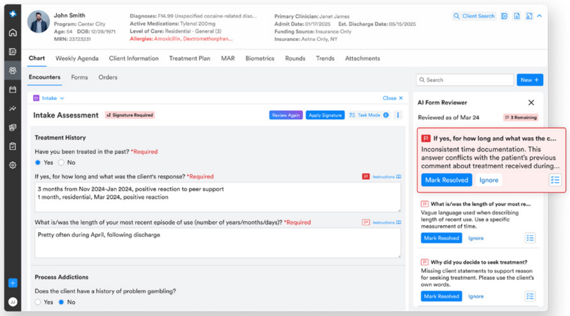
orm Instructions are more than help text. They are how you define what “complete and compliant” looks like for your program, and they are the foundation of Ritten Intelligence.

Ritten Intelligence

The Ritten Intelligence suite includes:

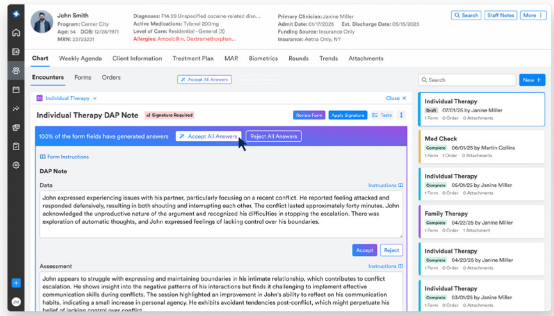
AI Form Reviewer

Reviews note before signing to catch missing fields, vague language, and payer-sensitive issues.



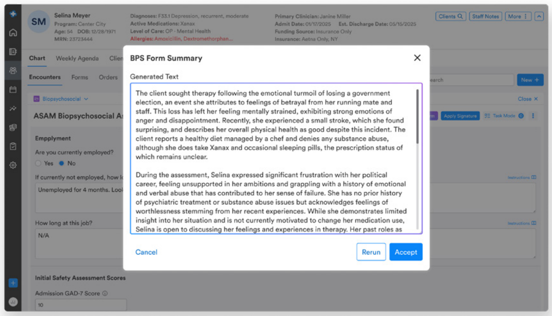
AI Scribe

Transforms session recordings into structured, compliant drafts that map into your existing forms.



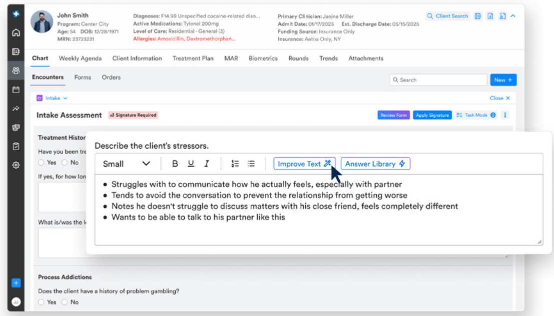
Note Summarization

Generates polished narrative summaries from completed assessments (e.g., Biopsychosocial).



Improve Text

Converts shorthand or fragmented input into clear, professional sentences without changing meaning.



Ritten

Want to learn more?
For more information book a demo.

Contact

The Key Takeaway

the better your Form Instructions are, the more consistent your documentation becomes - and the more powerful Ritten Intelligence can be for quality, compliance, and billing outcomes.

How to Add Form Instructions

Add top-level form instructions

1. Navigate to **Configurations** > **Forms**.
2. Select the form you want to update.
3. At the top of the form layout, click **Add Form Instructions**.
4. In the textbox, write your Form Instructions.
5. Save the form.

Once saved, these instructions appear at the top of the form for staff (e.g., providers and clinicians) as they complete the note.

Add field-specific instructions

1. In the Form Builder, click the **Book icon** next to an individual form field.
2. An Instructions input will appear—write the specific guidance for that field.
3. If the field belongs to a section that is used across multiple forms, click **Apply Across**
4. Forms and select the other forms you want to copy the instructions into.
5. Save the form so your changes are not lost.

Pro Tip

The Apply Across Forms button is also a useful diagnostic tool. When you click it on any section, it shows you every form that section appears in. This is currently the quickest way to verify that your section is being used where you expect it to be - and that data will carry through correctly.

Who can see Form Instructions?

- Form Instructions are visible to staff members completing a form with instructions enabled.
- Clients and contacts will not be able to see these instructions.
- Form Instructions are not included in documentation sent to payers during claim submission.

Best practices for writing high-impact instructions

- Be explicit about what “good” looks like (and what is not acceptable).
- Use payer-ready language prompts: include the clinical rationale, medical necessity, and measurable detail when relevant.
- Specify required elements (e.g., time, frequency, modality, response to intervention) when you know payers look for them.
- Keep instructions short enough to be usable during charting—use bullets and examples, not long paragraphs.
- Start with the highest-volume or highest-risk forms first, then expand across the library.

Questions?

Contact your Ritten implementation team or reach out to support. We’ll walk you through our full forms library (seed forms + standard sections), Form Builder, Form Instructions, and the Ritten Intelligence suite—so you can see exactly how your team can continuously improve documentation quality over time.

Contact