|  |  |  |
| --- | --- | --- |
| Client:       | Case #:       | Program:       |
| Date of Service:       | Unit:        | SubUnit:        |
| Server ID:       | Service Time:        | Travel Time:        | Documentation Time:       |
| Person Contacted:       | Place:       | Outside Facility:       | Contact Type:       | Appointment Type:       |
| Billing Type (Language Service Provided In):       | Intensity Type (Interpreter Utilized):      |
| Focus of session ICD-10 Diagnosis Code(s):        | Service:        |
| **Travel To/From:**       |
|  |
| **Chief Complaint:**  |
| **Appearance and Cognitive Capacity:**      |
| **Current Impairment (symptoms/behavior affecting functioning):**       |
|  |
| **Specific Target Behavior # 1:**  |
| **Intervention (describe how interventions are addressing the client’s mental health condition/impairment):**       |
| **Response:**      |
| **Progress Towards Objectives:**      |
|  |
| **Specific Target Behavior # 2:**  |
| **Intervention (describe how interventions are addressing the client’s mental health condition/impairment):**       |
| **Response:**      |
| **Progress Towards Objectives:**      |
|  |
| **Specific Target Behavior # 3:**  |
| **Intervention (describe how interventions are addressing the client’s mental health condition/impairment):**       |
| **Response:**      |
| **Progress Towards Objectives:**      |
|  |
| **Specific Target Behavior # 4:**  |
| **Intervention (describe how interventions are addressing the client’s mental health condition/impairment):**       |
| **Response:**      |
| **Progress Towards Objectives:**      |
|  |
| **Plan of Care (changes in client plan, homework, next steps, referrals given) :**      |
|  |
| **Overall Risk:** **Based on current service, including mitigating factors, evaluate and determine if the client is at an elevated risk for:** **Danger to Self:**       **Danger to Others:**       |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature/Title/Credential Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co-Signature/Title/Credential Date |      Printed Name/Credential/Server ID#     Printed Name/Credential/Server ID# |