|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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): | | |
| Diagnosis At Service: ICD-10 Code(s): | | | | | Service: | |

**EMERGENCY SCREENING UNIT (ESU) – NURSING NOTE**

**CS Time:**       **CS Start Date:** Date

**Total Billing Time:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Admission and Current Status (why admitted to ESU, include risk status, 5150 status,**

**current behaviors):**

**Progress Note Start Time:**

**Progress Note Stop Time:**

**Interventions (Document in 2 hour increments, include specialty mental health interventions utilized**

**to manage symptoms and behaviors; focus interventions on reason for admission, why is observation**

**necessary, how are the interventions being utilized to diminish client’s current impairment/reason for**

**admission):**

**Response to Interventions (Document in 2 hour increments; detail how client is responding to above**

**Interventions):**

**Plan (Plan to be updated as changes occur; continue 5150 hold; is hold being discontinued; disposition/**

**Discharge status):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***Signature/Title/Credential Date Printed Name/Credential/Server ID#

\*I certify that the service/s shown on this sheet was provided by me personally and the service/s were medically necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signature/Title/Credential Date Printed Name/Credential/Server ID#