

02 Telehealth	12 Home	17 Healthcare/Primary care	23 Emergency Room	30 Faith based-Church	55 Residential Care Community Location
03 School	13 Age Specific Com	18 Client Job Site	27 Field/OOC	33 Licensed Care Res Adult	72 Satellite
09 Jail	15 Mobile Service	20 Urgent Care	28 Non-Face-to-face	53 Other Community Location	99 Other
11 DBH Site	16 Non-traditional Service	21 Inpatient	29 Homeless	Face to Face time (Medicare Providers Only)	

SIGN ALL ENTRIES WITH NAME AND TITLE - HEAD ALL SERVICE ENTRIES WITH SPECIFIC SERVICE

(include 1 - client current condition 2 - dysfunction being addressed in session 3 - interventions 4 - client response)

DATE:	BILLING TIME:	Face to Face	Total	Service Type	LOCATION
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Current Diagnosis (Check Blue Diagnosis Sheet):	Client Plan End Date (Check Client Plan):
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Service Provider:
 (printed first and last name
 Including discipline)
Signature:

<p style="text-align: center;">INTERDISCIPLINARY NOTES</p> <p style="text-align: center;">Confidential Patient Information See W & I Code 5328</p>	<p>NAME:</p> <p>CHART NO:</p> <p>DOB:</p> <p>PROGRAM:</p>
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