



02 Telehealth	13 Age-specific community center	20 Urgent care	29 Homeless	72 Satellite
03 School	15 Mobile service	21 Inpatient	30 Faith-based church	99 Other
09 Jail	16 Non-traditional service	23 Emergency room	33 Licensed care residential adult	
11 DBH Site	17 Healthcare/Primary care	27 Field/OOC	53 Other community location	
12 Home	18 Client job site	28 Non-Face-to-face	55 Residential care community location	

Date	Svc type	Billing time	Location
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First date of continuous service at this site?	Consumer present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Names of staff and others present

Team deliberations, actions, and orders (e.g., changes in modality, frequency, provider, etc.) (REQUIRED)

Services , OR, further services are justified because (check all that apply)

<input type="checkbox"/> Not taking adequate basic care of self	<input type="checkbox"/> Currently at significant risk for self-mutilation
<input type="checkbox"/> Violence potential puts others at constant risk	<input type="checkbox"/> Capable of making significant progress next six mos
<input type="checkbox"/> Frequently harms or severely disrupts lives of others	<input type="checkbox"/> Frequently in jail
<input type="checkbox"/> Currently at significant risk for homicide attempt	<input type="checkbox"/> Causes frequent public disturbance
<input type="checkbox"/> Currently at significant risk for suicide attempt	<input type="checkbox"/> Factitious disorder with life-threatening methods
<input type="checkbox"/> Child significantly at risk of out-of-home placement (inadequate food, shelter, "gravely disabled")	
<input type="checkbox"/> Currently at risk of losing housing/unable to sustain adequate housing	
<input type="checkbox"/> Currently risking serious danger to self by not getting available med. treatment when needed	
<input type="checkbox"/> Other	

<input type="checkbox"/> One month termination period extension

<input type="checkbox"/> Services, OR, <input type="checkbox"/> Services extension not justified because:	
<input type="checkbox"/> Client does not currently meet medical necessity criteria	
<input type="checkbox"/> Client has achieved services goals (met termination criteria)	
<input type="checkbox"/> Client is not expected to benefit or has reached maximum benefit from current services (check all that apply):	
<input type="checkbox"/> Low attendance	<input type="checkbox"/> Does not want to change
<input type="checkbox"/> Low motivation	<input type="checkbox"/> Is here to meet outside criteria-not motivated
<input type="checkbox"/> Involuntary treatment (client forced to come)	<input type="checkbox"/> Doesn't do therapeutic homework
<input type="checkbox"/> Doesn't want treatment	<input type="checkbox"/> Wants maintenance only
<input type="checkbox"/> Not concerned about symptoms or functioning	<input type="checkbox"/> Substance use makes services ineffective
<input type="checkbox"/> Difficulty establishing trust and therapeutic alliance	
<input type="checkbox"/> Fears of self-revelation and dealing with painful issues	
<input type="checkbox"/> Marginal capacities to benefit from these services	
<input type="checkbox"/> Does not want to stop services and therefore avoids/resists progress	
<input type="checkbox"/> Great difficulty taking in support, emotional communications, and information from therapist/counselor	
<input type="checkbox"/> Results of previous services received indicate that further services would not be effective	
<input type="checkbox"/> Wrong person in treatment, should be:	
<input type="checkbox"/> Other:	

Date Team Member Signature Team Member Printed Name

(Team discussions may also be recorded in an interdisciplinary note.)

SERVICES TEAM ACTIONS	NAME	
SAN BERNARDINO COUNTY	CHART NO	
DEPARTMENT OF BEHAVIORAL HEALTH	DOB	
Confidential Patient Information	PROGRAM	
See W&I Code 5328		