



Client Name: Last, First	Date of Service: 01/01/2021
Length of Session: 15 min	Location of Service: Office
CPT Code: T1017	Diagnosis/ICD Code: Major Depressive Disorder, Single Episode, Unspecified F32.9
Services Needed or Problem Being Addressed (Documentation should support why this service is necessary as it relates to current impact on client mental health impairments and/or progress toward goals):	
Client reports that he feels the need to access substance use resources, as he has recently relapsed and is at risk of losing his job. Client reports that since he has relapsed, he has been using daily and it has been worsening his depressive symptoms.	
Action Taken (Describe actions or interventions taken to address the client's current need for services and how service addresses impact to client's mental health problem list or progress toward goals):	
Provider assisted client in contacting several outpatient/residential substance abuse facilities. Educated client on the differences in levels of care and treatment options regarding substance use.	
Response:	
Client was able to secure an intake appointment for a residential facility on 02/01/2021 at 10am.	
Plan of Care:	
Client to attend intake appointment and agrees to explore local AA meetings to reduce current use.	
Follow up:	
Client will continue with individual therapy appointments until intake appointment at RTC. If client accepts RTC treatment, provider will coordinate care with facility as needed.	
Client agreed to plan of care: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Clinician Signature: <i>Caring Provider, LCSW</i>	
Clinician Printed Name: Caring Provider, LCSW	Date: 01/01/2021