|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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# | | | |