PROG 46 (Rev. 06/10) MONTHLY TREATMENT REPORT								This form must be completed and submitted with each monthly billing. Additional sheets may be used.						
PROGRAM NAME: R.K.K.S. Mental Health Counseling PLLC						la. PROVIDER NAME: Demo provider name			2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): 02/06/2021					
3. CLIENT NAME:						ΓS NUMBER	4. FOR	OR PERIOD COVERING:						
Danny 012525220								Feb 2018 to March 2021						
5. PHASE NO. 5a. TIME IN PHASE: 6. PRE				TRIAL CLI	ENT:	7. CLIE	7. CLIENT EMPLOYED							
Action		1 Month Ye			es	No	Yes	Yes No Student Other						
D.	1 0	· 01 0 N		8. CONTACTS SINCE LA c. Length of Contact			F REPORT 1. Comments (No Shows, Tardiness, Issues Addressed) 2. Copay (amount) 3. Copay (amount)							
a. Date		b. Service (Name & No.)			. Length of Contact		d. Comr	i. Comments (No Snows, Tardness, Issues Addressed) e. Copay (annot collected)						
01/01/2021		Individual 30			0 Minutes		Bla bla bl			la bla bla		\$35		
						9. URINE TESTING	DECORD							
					1	9. URINE TESTING	RECORD							
DATE COLLECTED	Scheduled		Sample Not Tested Insuf. Oty. Stall		Drug Use Admitted No Yes (specify drug)					AL TESTS TEST RE JESTED (Positive/)				
	Yes	No	Insuf. Qty.	Staii	NO	res (specify drug)								
10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS														
a. Describe the treatment goals addressed this month (X Met X Not Met):														
Get well														
b. Describe any ste	ps taken l	by the cl	ient this month towa	ard these goa	ıls (Positive Negative)	:							
Dieting														
c. Describe any obstacles or setbacks the client encountered this month:														
c. Describe any obs	stacles or	setbacks	the client encounte	red this mor	ith:									
d Dougle and with PO/DSO are unique and the direction of the second seco														
d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:														
e. If continued treatment is recommended, discuss the plan for next month (Recommended Not Recommended)														
c. ii continucu tica	tiliciit is i	CCOIIIIIC	nded, discuss the pr	un for next i		Recommended 11	ot Recoilin	ichided)						
f. Discuss your observations of the client's behavior and commitment to treatment (Positive Negative)														
Disease your conservations of the cheft is ochavior and commitment to deathful (105m/c 10gauve)														
g. Comments:														
5. Comments.														
h. Overall Progress	:	Acceptab	le Unacceptab	le										
SIGNATURE OF		-	<u> </u>						1	DATE	00 10 0 10 0			
SIGNATURE OF	COUNSE	LUK								DATE	02/06/20	21		