1059724 0 this is block: agencyname 1059724 0 this is block: noteinfo 1059724 0 this is block: clientname TYPE OF SERVICE: DATE OF SERVICE: START TIME: **END TIME:** TOTAL MINUTES: Client Problems: Initiated Date Resolved Date ICD10 icdName sctName SPECIFIC PROBLEM(S) ADDRESSED (As Identified On Comprehensive Treatment Plan): METHODS USED TO ADDRESS PROBLEMS (What Techniques or Activities Were Used To Work On Problems): PROGRESS MADE TOWARDS GOALS: As Evidenced By: **NEW PROBLEMS IDENTIFIED DURING SESSION:** If Yes, Describe Below: LEVEL OF FUNCTIONING ASSESSMENT GAF: CURRENT RECENT PAST (30 DAYS): **Electronically Signed By:**

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Service Code: Total Units: Date Billed: By: Custody Agency:

1059727 1 this is block: agencyname 1059727 1 this is block: noteinfo 1059727 1 this is block: clientname TYPE OF SERVICE: **DATE OF SERVICE:** START TIME: **END TIME:** TOTAL MINUTES: Client Problems: Initiated Date Resolved Date ICD10 icdName sctName SPECIFIC PROBLEM(S) ADDRESSED (As Identified On Comprehensive Treatment Plan): METHODS USED TO ADDRESS PROBLEMS (What Techniques or Activities Were Used To Work On Problems): PROGRESS MADE TOWARDS GOALS: As Evidenced By: **NEW PROBLEMS IDENTIFIED DURING SESSION:** If Yes, Describe Below: LEVEL OF FUNCTIONING ASSESSMENT GAF: CURRENT RECENT PAST (30 DAYS): **Electronically Signed By:**

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1062395 2 this is block: agencyname 1062395 2 this is block: noteinfo 1062395 2 this is block: clientname TYPE OF SERVICE: DATE OF SERVICE: START TIME: **END TIME:** TOTAL MINUTES: Client Problems: Initiated Date Resolved Date ICD10 icdName sctName SPECIFIC PROBLEM(S) ADDRESSED (As Identified On Comprehensive Treatment Plan): METHODS USED TO ADDRESS PROBLEMS (What Techniques or Activities Were Used To Work On Problems): PROGRESS MADE TOWARDS GOALS: As Evidenced By: **NEW PROBLEMS IDENTIFIED DURING SESSION:** If Yes, Describe Below: LEVEL OF FUNCTIONING ASSESSMENT GAF: CURRENT RECENT PAST (30 DAYS): **Electronically Signed By:**

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