

TYPE OF SERVICE:

DATE OF SERVICE:

START TIME:

END TIME:

TOTAL MINUTES:

Client Problems:

ICD10

icdName

sctName

Initiated Date Resolved Date

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:

☐ No

☐ Yes

If Yes, Describe Below:

LEVEL OF FUNCTIONING ASSESSMENT GAF: CURRENT:

RECENT PAST (30 DAYS):

Electronically Signed By:

**Confidentiality of drug/alcohol abuse records is protected by Federal Law.** Federal regulations (42 CFR, Part 2 prohibits making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A GENERAL AUTHORIZATION FOR RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol/drug abuse client.

Service Code:

Total Units:

Date Billed:

By:

Custody Agency: