BHP CLIENT CONTACT SUMMARY

|  |  |
| --- | --- |
| Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Service Date: 1/16/2013 Start Time: \_\_\_\_\_\_\_\_ Choose an item. End Time: \_\_\_\_\_\_\_\_\_\_Choose an item. | |
| Type of Contact: Choose an item. Units:Choose an item.  Choose an item. Choose an item.  Choose an item. Choose an item. | Service Type: Choose an item. |
| Attendance:  Specific Locations of Session: | |
| Non-Billable Service: Choose an item. Start & End Times: Non-billable time: | |
| Risk:Choose an item.  Problem (as stated on Service Plan):  Choose an item. | |
| Treatment Goal (as stated on Service Plan):  Choose an item. | |
| Goal for Today’s Session: | |
| Intervention: | |
| Response: | |
| Next appointment: 1/31/2013  Plan: | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature & Credentials Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature & Credentials Date