BHP CLIENT CONTACT SUMMARY

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| 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: 1/31/2013Plan: |

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Provider Signature & Credentials Date

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

Supervisor Signature & Credentials Date