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| --- | --- |
| Person Served Name: | Avatar ID Number: |
| **Service Date:** Enter Service Date | **Documentation Time:** Total Minutes for Documentation |
| **Preferred Language:** Enter Preferred Language | **Interpreter Utilized:** Choose answer |

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| **Residential Treatment Sessions:** Please list all sessions the person-served attended during the date of service. |
| |  |  |  |  | | --- | --- | --- | --- | | **Start & End Times** | **Type of Contact** | **Type of Session/Service** | **Topic of Session or Purpose of Service** | | Enter Start & End Time of Session | Choose Type of Contact | Choose Type of Session/Service | Enter Topic of Session or Purpose of Service | |

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| **Residential Treatment Travel Times:** Please list all sessions that required travel time during the date of service. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Travel to:**  **Start Time** | **Travel to:**  **End Time** | **Travel from:**  **Start Time** | **Travel from:**  **End Time** | **Total Travel Time** | | Start Time | End Time | Start Time | End Time | Total Minutes for Travel Time | |

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| **Must include an accurate picture of the person’s condition, treatment/intervention provided, response to care at the time the service was provided, and next steps including planned action steps by the provider/person served.** |
| Enter Text |
| **If services were provided in the community, identify the location and how you ensured confidentiality.**  Enter Location & How Confidentiality Was Maintained |

|  |  |  |
| --- | --- | --- |
| **Counselor/LPHA Printed Name, Title**  Enter Staff Who Provided Clinical Service | **Counselor/LPHA Signature** | **Date of Completion** |