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| --- | --- |
| Person Served Name:        | Avatar ID Number:       |
| **Service Date:** Enter Service Date | **Contact Type:** Choose Contact Type |
| **Purpose of Service/Session Topic:** Enter Purpose/Topic | **Service Type:** Choose Service Type |
| **Service Start Time:**Start Time | **Service End Time:**End Time | **Total Service Time:**Total Minutes for Service |
| **Travel to Location** (if applicable) | **Travel from Location** (if applicable) | **Total Travel Time:**Total Minutes for Travel Time |
| **Start Time:** Start Time | **End Time:** End Time | **Start Time:** Start Time | **End Time:** End Time |
| **Documentation Time:** Total Minutes for Documentation | **Total Time:** Total Minutes including Service, Doc & Travel (if applicable) |
| **Preferred Language:** Enter Preferred Language | **Interpreter Utilized:** Choose Answer |

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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 |

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| **Counselor/LPHA/Medical Director Printed Name, Title**      | **Counselor/LPHA/Medical Director Signature** | **Date of Completion** |