|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |

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