

Service Date

[Date Input]						
Su	Mo	Tu	We	Th	Fr	Sa
◀	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	▶

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[Dropdown]

[Dropdown]

Staff

Client

Program

Procedure

Place of Service

Evidence-Based Practice

Service Strategy

Service Durations (in minutes)

F-2-F	Service	Doc	Travel	Total
[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]

Substance Abuse Issue [Dropdown]

Trauma [Dropdown]

Non-Billable

Progress Note

[Large Text Area]

Speed Note [Dropdown]

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CPT Modifier for Unusual Procedures

Non-Billable Travel CPT

Non-Billable Travel Minutes

Service Language (if other than English)

Other Language (please specify)

Interpreter Utilized

Diagnosis Treated Today (list primary dx treated today first)

General Medical Conditions

Address of where service was provided if not clinic or client's home

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