

**CLIENT CONTACT SUMMARY (COLLATERAL NOTE)**

Client: \_\_\_\_\_

Medical Card Number: \_\_\_\_\_

Client Birthdate: \_\_\_\_\_

Insurance Card Number: \_\_\_\_\_

Service Date:	Start Time:	End Time:	Total minutes:
Non-Billable Service:	Start Time _____ am / pm	End Time _____ am / pm	Non-billable minutes: -
Procedure Code: <b>908887</b>	Units: _____		Total billable minutes:
Procedure Code : _____	Units: _____		=
Procedure Code: _____	Units: _____		
Diagnosis Code:	Authorization Number:		Units:
Attendance:			
Specific Location of Session:			
<u>Risk</u> : No / Yes and Plan:			
<u>Problem (as stated on Service Plan)</u> : <b>This comes directly from the CAFAS service plan. (i.e Client requires individual therapy due to physical aggression occurring 10 times a day) This stays the same on every note until or unless the CAFAS service plan is updated/altered.</b>			
<u>Treatment Goal (as stated on Service Plan)</u> : <b>This also comes directly from the CAFAS service plan. (i.e. Client will reduce physical aggression from 10 times a day to 5 times a day).</b>			
<u>Goal for Today's Session</u> : <b>This is what you are trying to accomplish in this session. (i.e. Assist parents with understanding client's diagnosis and implications for treatment.)</b>			
<u>Intervention</u> : <b>This is what you did as a therapist in the session. (i.e. Therapist explained client's current diagnosis as evidenced by specific signs/symptoms. Therapist assisted parents with understanding implications for treatment based on diagnosis and current level of behaviors/symptoms.)</b>			
<b>**This is "Collateral" because it is an interpretation or explanation of evaluations, treatments or data. It is time spent explaining the client's condition to the family, advising caregivers on how to best assist the client, and is provided to the family and other responsible persons.</b>			
<u>Response</u> : <b>This is what the client/family/other persons said/did in the session in response to the therapist. (i.e. Both parents were in session and engaged in understanding client's diagnosis. Parents asked pertinent questions pertaining to understanding diagnosis and implications for treatment. Parents discussed and processed therapeutic approach that may be utilized to assist client and family. Parents discussed scheduling that will work for the family.)</b>			
<u>Next appointment</u> : <b>Date/Time/Location of next session.</b>			
<u>Plan</u> : <b>This is what you will try to accomplish in the next session. (i.e. Continue building therapeutic alliance. Begin utilization of CBT techniques to assist client with understanding cycle of anger in his/her life.)</b>			

Provider Signature & Credentials

NPI #

Date