

## 1 Patient Information

### 1 PATIENT DETAILS

Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
DOB / Age / Sex: \_\_\_\_\_ Provider: \_\_\_\_\_  
Session Type: \_\_\_\_\_ Duration: \_\_\_\_\_

## CC Chief Complaint

### 1 PRIMARY CONCERN ADDRESSED

Primary concern addressed during the session in concise clinical terms...

## D Data

### 2 ALL RELEVANT SESSION INFORMATION

Patient-reported symptoms and concerns, emotional and behavioral observations, significant statements or disclosures, interventions performed during session, patient response to interventions, pertinent negatives (SI/NI denied if applicable)...

## A Assessment

### 3 CLINICAL INTERPRETATION

Current clinical status (improving/stable/worsening), progress toward treatment goals, diagnostic impressions, functional impact, medical necessity, risk assessment if relevant...

## P Plan

### 4 NEXT STEPS

Continue or modify therapeutic interventions / skills or strategies assigned / referrals / coordination of care / patient education / safety planning if applicable...

## F Follow-Up

### 5 NEXT SESSION & MONITORING PLAN

Timeframe for next session & monitoring plan: \_\_\_\_\_

### TIME DOCUMENTATION & BILLING

Total Time: \_\_\_\_\_ CPT Code: \_\_\_\_\_  
Counseling Time: \_\_\_\_\_ Basis: \_\_\_\_\_  
Primary Dx Code: \_\_\_\_\_ Secondary Dx Code(s): \_\_\_\_\_

PROVIDER NAME

CREDENTIALS

DATE & TIME