

# Rainbow Treatment Center Service Ticket

<b>Date of Service:</b>	<b>1-20-12</b>	<b>Start Time:</b>	<b>9 AM</b>	<b>End Time:</b>	<b>10 AM</b>
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Last Name

First Name

<b>Client Name</b>	<b>Kitcheyan</b>	<b>Elois</b>	<b>Date of Birth:</b>
<b>Social Security:</b>			<b>Diagnosis:</b>

**Provider Signature:** \_\_\_\_\_

**Donna M. Stevens, R.N., Psy.D.**

**Reviewed By Behavioral Health Professional-** Bill Arnett, Psy. D. \_\_\_\_\_

Licensed Psychologist

Type of Service	Service Code		Type of Service	Service Code
Individual Behavioral Health Counseling & Therapy- Office	H0004		Group Behavioral Health Counseling & Therapy	H0004HQ
Individual Behavioral Health Counseling & Therapy- Home	H0004		Alcohol and/or Drug Assessment (Comprehensive/Brief Assessment)	H0001
Family Behavioral Health Counseling & Therapy- Office with client present	H0004HR		Behavioral Health Screening to Determine Eligibility for Admission (Intake Testing)	H0002
Family Behavioral Health Counseling & Therapy, Out of Office, without client present	H0004HS		Mental Health Assessment by Non-Physician (Clinical Staffing/Certification/Determination of Need)	H0031
Family Behavioral Health Counseling & Therapy- without client present	H0004HS		Skills Training & Development- Individual (1:1 session)	H2014
Family Behavioral Health Counseling and Therapy-Out of Office, with client present	H0004HR	<b>X</b>	Skills Training & Development Group (Voc Rehab Program)	H2014
			Behavioral Health Prevention Education Services	H0025

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<b>Client Name:</b>	Last Name <b>Kitcheyan</b>	First Name <b>Elois</b>	<b>Date of Birth:</b>
<b>Social Security:</b>			<b>Diagnosis:</b>

**Signature:** \_\_\_\_\_

Clinician: Donna M. Stevens, R.N., Psy.D.

**Reviewed By Behavioral Health Professional:** Bill Arnett, Psy.D. \_\_\_\_\_

Licensed Psychologist

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Individual Behavioral Health Counseling & Therapy- Home	H0004	Alcohol and/or Drug Assessment (Comprehensive/Brief Assessment)	H0001
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		Behavioral Health Prevention Education Services	H0025

### Treatment Notes

#### Current Mental Status/Presentation

X	Alert, Orientated 4 spheres, Normal Affect	Depressed, blunted affect
X	Dress/Attire appropriate for situation	Agitated/Restless
X	Hygiene adequate	Angry, belligerent, uncooperative/refuses to answer
X	Cooperative and Attentive	Current suicidal/homicidal ideation
X	Able to express thoughts and feelings well	Hygiene poor
		Intoxicated/High

Welcomed W-W group this morning. After brief check in proceeded to explain and discuss one's self evaluation process in regard to current skill levels in order to self evaluate and to plan for skill development. Reviewed the various work skills taught in this program and each client evaluated their own perception of the helpfulness of each class and whether they need further development in each area. Specific areas highlighted which caused group discussions were:

- Management of conflict
- Positive attitudes toward self, peers, and work
- Budgeting
- Being on time for work

Good group discussion and sharing of ideas/strategies in these areas.

**Individual Note:**

Client was able to share own opinions with group and complete own evaluation. Able to articulate ways of applying classroom learning in the real work world. Defensiveness low.

**Plan:**

- Continue developing positive self esteem an assertive self agency.
- Continue working on positive work skills and personal development.