

**Individual/Family Counseling  
Activity Ticket**

Rev. May 17, 2013

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At the conclusion of each week, please attach clinical notes for services you rendered to individuals and families to this cover sheet and return to the Billing Department. Please add additional Sheets as needed.

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

**Client Name:**

**Date:**

**Time:**

**Type of Service**

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**To be completed by the Billing Department**

**Date Received:** \_\_\_\_\_

**Number of Notes:** \_\_\_\_\_

