Rainbow Treatment Center Service Ticket

Date of Service:_Beginning Time:9 AM End Time: 10 AM Last Name			
Client Name:			Date of Birth:
Social Security:			Diagnosis:
Provider Signature:			

Reviewed By Behavioral Health Professional- Bill Arnett, Psy. D._____

	Licensed	Psy	chologist	
Type of Service Se	rvice Code		Type of Service Serv	vice Code
Individual Behavioral Health Counseling & Therapy- Office	H0004		Group Behavioral Health Counseling & Therapy	H0004H0
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 fo Admission (Intake Testing)	r 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 clien present	H0004HS		Skills Training & Development- Individual (1:1 session)	H2014
Family Behavioral Health Counseling and Therapy-Out of Office, with client present	H0004HR	X X	Skills Training & Development Group (Voc Rehab Program)	H2014
			Behavioral Health Prevention Education Services	H0025

Rainbow Treatment Center Service Ticket

Date Of	Service:
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Beginning Time: 9 AM_ End Time: _10 AM

First Name

Client Name:		Date of Birth:
Social Security:		Diagnosis:

Signature:

Clinician:

Reviewed By Behavioral Health Professional: Bill Arnett, Psy.D.____

Last Name

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

Treatment Notes Current Mental Status/Presentation

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

Rehab group met this morning. All members on time. Discussed with group briefly how their past week has gone. All but 1 member actively employed at this time. Discussed and processed with the group the following positive attributes of a good team player:

- Flexibility
- Commitment to the team
- Problem-solver

Group members talked about how each of these positive qualities might appear in a work setting. Group members then articulated in writing and on paper how they might demonstrate these qualities in their work setting.

Individual:

Good participant. Willing to engage and even initiate conversations around above topics. Defensiveness low. Doing well.

Plan:

- Continue looking at positive attributes of a good employee.
- Continue support in present work situation.