Placer County Systems of Care

Systems of Care Progress Note

Date of Service: / /					
Billing Formula: Minutes	of Service: + Docume	ntation Time:	+ Travel Time:* =	Total Billable Min	utes:
* Travel Time should only be included in billable minutes if it was necessary to travel to an offsite location to provide the service. The travel time is round-trip to the place of service and back to your origination. Travel time cannot be calculated when you travel from one Placer County site to another Placer County site.					
Service Provided:	□ Pohobilitation	□ Colleters	N.	□ Targeted Co	ao Managamant
☐ Assessment ☐ Individual Psychotherapy ☐ Family Psychotherapy	☐ Rehabilitation ☐ Group - Rehabilitative ☐ Group - Psychotherapy		ar velopment utic Behavioral Service (TBS)	☐ Crisis Interve	
Location of Service:	Office (In-Person)	Phone	Health Care/Primary Care		cific Comm. Center
☐ Correctional Facility☐ Residential Care/Child	Client's Job Site Non-Traditional Location	☐ Home ☐ School	☐ Homeless/Emergency Shelte☐ Faith Based Location	☐ Tele-Hea	
	Mobile Service Unit	☐ In Patient	☐ Field (only use if nothing app	lies) 🗌 Unknow	n/Not Reported
Unified Service Plan objective client is working on:					
Narrative: Client's Current Functioning/Pi	rogress:				
· ·					
Current Intervention:					
Client's Response:					
Tallana va anal/an Dafamala Ma	.de.				
Follow-up and/or Referrals Ma	ide:				
				/_/	
Signature (include licensure or jo	ob title)			Date Co	ompleted
Print Name					
Client Name:			AVATAR N	umber:	