

Client: Jane Doe (RF000000000000) Birth Date: _____

Creation Date: 12/12/2020 06:53 PM

Service Date: 12/12/2020 06:53 PM - 07:53 PM Duration: 60 minutes

Provider(s): **The information in this section will auto populate from information that is entered other forms from Theranest**

Insurer(s): _____

Place Of Service: Telehealth CPT Code: _____ Case # RF000000000000

Units: 4 **The unit information must be entered into the risk assessment section in theranes**

Hours: 1

Treatment Goals

Goal	Objectives
The information in this section will auto populate from information that is entered other forms from Theranest	

Diagnostic Impressions:

N/A

Focus of Session:

Met with John Doe to work on POC Needs and Strategies. During the session, Training and Support For the Unpaid Caregiver services were provided. **Be sure to mention the service that was provided in this section.**

Therapeutic Intervention:

Reviewed how family dynamic has been since last consult. Discussed kids being sick (no covid 19 test but got step test, doctor told them to quarantine for 10 days). Helped John Doe navigate how to transition the kids to home school routine now that he is taking them out of school due to 18 reported cases of covid 19 at the school. Helped John Doe with ways to get medical care for new shoulder injury. Observed John Doe interesting with the kids. Processed with John Doe and Chris how they are handling lack of finances to buy what they want. Chris accepts it better than Jane Doe. Chris admits John Doe is doing what he can to provide.

Planned Intervention:

John Doe will implement strategies discussed during today's consult. I will continue to monitor progress. Next consult 9/2/20 at 1:30pm.

Return Appointment: _____

Staff Signature: _____

Date: _____