|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client: | | | Case #: | | Program: | |
| Date of Service: | | Unit: | | | SubUnit: | |
| Server ID: | Service Time: | | | | Travel Time: | Documentation Time: |
| Person Contacted: | Place: | Outside Facility: | | | Contact Type: | Appointment Type: |
| Billing Type (Language Service  Provided In): | | | | Intensity Type (Interpreter Utilized): | | |
| Diagnosis At Service: ICD-10 Code(s): | | | | | Service: | |

**CRISIS STABILIZATION UNIT (CSU) – DAILY DOCUMENTATION NOTE**

**CS Admit Time:**       **CS Admit Date:** Date

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**Reason for Admission and Current Status (why admitted to CSU, include risk status, 5150 status,**

**current behaviors):**

**Interventions ( Include specialty mental health interventions utilized**

**to manage symptoms and behaviors; focus interventions on reason for admission, why is observation**

**necessary, how are the interventions being utilized to diminish client’s current impairment/reason for**

**admission):**

**Response to Interventions ( Detail how client is responding to above Interventions):**

**Plan (Plan to be updated as changes occur; continue 5150 hold; is hold being discontinued; disposition/**

**Discharge status):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***Signature/Title/Credential Date Printed Name/Credential/Server ID#

\*I certify that the service/s shown on this sheet was provided by me personally and the service/s were medically necessary.

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Co-Signature/Title/Credential Date Printed Name/Credential/Server ID#