|  |  |  |
| --- | --- | --- |
| 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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