|  |  |  |
| --- | --- | --- |
| Client Name: | | |
| Date of Service: | Length of Session: | |
| CPT Code:  96372 | Vital Signs:BP: HR: Temperature: | |
| **Present at Session** | | |
| Client Present  Client No showed/Cancelled  Others Present, List name(s) and relationship to client: | | |
| **Diagnosis:** | | |
|  | | |
| **Current Treatment:** (Dose, medication, location, additional information): | | |
|  | | |
| **Client Response to Intervention:** | | |
|  | | |
| **Plan:** | | |
| Monitoring:  Follow-Up date:  Supportive Therapy: | | |
| **Patient Education**: | | |
| Discussed the importance of adhering to the treatment schedule.  Reviewed potential side effects and advised to report any new or worsening symptoms immediately.  Provided reassurance and support, emphasizing the gradual nature of symptom improvement. | | |
| **Provider Information:** | | |
| Provider Signature & Credentials (if signature illegible, include printed name): | | Date of Signature: |