

**Interdisciplinary (ID) Note for Justice Involved (JI)**

Date:	Location:	Service Start Time:	Service End Time:
Practitioner Name:		Service Program:	Service Charge Code:
Progress Note For: <input type="checkbox"/> Existing Service <input type="checkbox"/> Independent Note <input type="checkbox"/> New Service <input type="checkbox"/> Existing Appointment			
Progress Note Type:			
Appointment/Event Status: <input type="checkbox"/> No Show <input type="checkbox"/> Rescheduled <input type="checkbox"/> Non-Billable Event			
Documentation Start Time:	Documentation End Time:	Total Documentation Time:	
Travel Start Time:	Travel End Time:	Total Travel Time:	
Modality: <input type="checkbox"/> In Person <input type="checkbox"/> Telehealth <input type="checkbox"/> Telephone			
Face to Face: <input type="checkbox"/> Yes <input type="checkbox"/> Telephone Face to Face (total minutes): _____			
Emergency Indicator: Yes No			
ADD-ON SERVICES			
Add-On Service Code:	Add-On Duration:		
Add-On Service Notes: _____			
Justice Involved Interdisciplinary Progress Note San Bernardino County DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information See W&I Code 5328		NAME:	
		DOB:	
		CHART NO:	
		PROGRAM:	



Notes:

Evidence-Based Practice (EBP) or Service Strategy Utilized:

Evidence-Based Practice/Service Strategies (CSI):

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San Bernardino County
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