



Behavioral Health

- 02 Telehealth Not In Client's Home 11 DBH/Contractor Site - Office 20 Urgent Care Facility 51 Inpatient Psychiatric Facility 58 Non-Res Opioid Tx Facility
03 School 12 Home 23 Emergency Room - Hospital 52 Psych Facility-Partial Hospitalization 99 Other Place of Service
04 Homeless Shelter 14 Group Home 27 Outreach Site/Street 55 Residential Care/Community Treatment Facility
09 Jail 15 Mobile Unit 31 Skilled Nursing Facility 56 Psych Res Tx Center
10 Telehealth In Client's Home 16 Temporary Lodging 33 Custodial Care Facility 57 Non-Res SA Tx Facility

SIGN ALL ENTRIES WITH NAME AND TITLE - HEAD ALL SERVICE ENTRIES WITH SPECIFIC SERVICE
(include 1 - client current condition 2 - dysfunction being addressed in session 3 - interventions 4 - client response)

Table with columns: DATE:, Billing Time, Face to Face, Total, Service Type, Place of Service

Current Diagnosis (Check Diagnosis Sheet): Care Plan End Date (Check Care Plan):

Main data entry table with multiple rows for service details.

Service Provider: _____
First Name Last Name Discipline
Signature: _____

INTERDISCIPLINARY NOTES
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W & I Code 5328

NAME:
CHART NO: DOB:
PROGRAM: