

Co Pay \$ \_\_\_\_\_ HCFA

DX \_\_\_\_\_ . \_\_\_\_\_

# Client Contact Record

Office Use Only

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ EAP/Insurance Co. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Do you check daily? \_\_\_\_\_

If Minor Client - Parent(s) Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

May we contact you by phone at the above number(s)?      Yes      No  
     Home Only      Office Only      Cell Only

*Stop – The next section is for office use only.*

Auths./ Session #	Date	Code/ Procedure	Persons Attending or Contacts	Initials Clinician/Staff

**CPT CODES:**

- 90801 – Psy. Eval./Intake
- 90806/04 – Ind./ ½ Session
- 90808 – 75-80 min. session
- 90847 – Family, Marital, Couple
- 90846 – Family w/o Pt
- 90853 – Group
- 90830 – Testing w/Report
- 90889 – Clinical Report

**OTHER CODES:** **CX** – canceled appt.    **CAC** – Canceled appointment charged for    **NS** – broken appt/no show    **CO** - consult

