



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

DAILY SERVICE LOG v.1

CONFIDENTIAL CLIENT INFORMATION | CALIFORNIA WELFARE & INSTITUTIONS CODE SEC. 5238

Provider #: _____

Activity Date: _____

Rendering Provider: _____

Staff Code: _____

Day Treatment

Outpatient

RENDERING PROVIDER

OTHER PARTICIPATING STAFF

Client ID #	Client Last Name & First Initial	Service Location Code	Telephone	Procedure Code	* EBP/Srv Strategies Enter Code(s)	Face to Face		Other Time		Col	Employee Name Last Name, First Initial	Total Time		Bill Medi-Cal	Bill Medicare
						Hr	Min	Hr	Min			Hr	Min		
			<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>

Rendering Provider: _____

Signature

Date Received: _____ / _____ / _____

Entered By: _____

Daily Srv Log-LP Contractor v.1.2
Rev. 7/15/2008 - et

* For a list of Evidence-Based Practices (EBP)/Service Strategies, please see the Codes Manual or download EBP/Service Strategies Codes at:

http://dmh.lacounty.gov/hipaa/cp_ISForms_Clinical.htm