



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

# DAILY SERVICE LOG v.2

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

Rendering Provider: \_\_\_\_\_  
Signature

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Entered By: \_\_\_\_\_

Daily Srv Log-LP Contract v.2.2  
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](http://dmh.lacounty.gov/hipaa/cp_ISForms_Clinical.htm)