

FOR OFFICE USE ONLY

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Therapist: _____

Individual Rate: _____

Returning Client: Yes No

Conjoint Rate: _____

Initial Eval Rate: _____

Primary Procedure Code: Individual 90837
 Conjoint 90847
 20-30 Min 90804
 75-80 Min 90808
 Initial Eval 90801

DSM IV Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Current GAF: _____