Client name: ____

SERVICE ACTIVITY RECORD

Service codes:

01 - Screening
10 - Intake Interview
11 - Diagnostic Evaluation
12 - Projective Testing
13 - Intellectual Testing
14 - Neuropsychological Testing
15 - Personality Testing
18 - Achievement Testing
19 – Feedback
20 - Crisis Intervention
21 - Individual Therapy
22 - Couple Therapy
23 - Family Therapy
24 - Group Therapy
30 - Psychiatrist Consultation

31 - Case Consultation
32 - Family Case Conference
33 - Consultation & Education
40 - Telephone Contact
41 – Email Contact
51 - Administrative Meeting
52 - Supervision Rendered (Individual)
53 - Supervision Rendered (Group)
54 - Supervision Received (Individual)
55 - Supervision Received (Group)
56 - Case Review
57 - Collateral Activity
58 - Secondary Therapist
61 – Cancellation
62 - No Show
73 - Termination

Date Month/day/year	Service Code	Clinician Name	