Fax SWGM # 248 629 1433

Corrected Log ☐

WRS Log

Daily Psychiatric Service Log - Nursing Home

Provider Name:

Date of Service:

Date Received:

Facility:

Patient	Room #	Procedure	Stay Type: Suicide Assessment MDD	"B"	Dx 1 Dx2	Refer for Psychotherapy Check (√)	Refer for Beh Management Check (√)	AIMS/ DISCUS Completed/Due Check (√)	Consent for AP Drug Needed Check (√)	Patient DC'ed from Care/Facility Check (√)	F/U Date	Comments

Initial E/M: 99304 25" low; 99305 35" (48") mod; 99306 45" (60") high
F/U: 99307 10" straight; 99308 15" (18") low; 99309 25" (28") mod; 99310 35" (40") high
Prolonged: 99356 30"; 99357 30"

Dx Eval: 90791/2 55"; 90785 Interactive Complexity