

WRS Log

Daily Psychological Service Log

Fax SWGM # 248 629 1433

Corrected Log

Provider Name: _____
Facility: _____
Time In: _____ **Time Out:** _____

Date of Service: _____

Date Received: _____

Patient	Room	Procedure	Suicide Assessment MDD	Stay Type			Check Each That Applies and/or Report New Psychotherapy Tx Plan	New Psychotherapy Recommended Session #	Treatment Plan Frequency	Behavior Mngmt Recommended	Interval Summary Completed	D/C'd from Care/Facility	F/U Date	Refer to Prescriber	Comments
				"B"	Dx 1	Dx2									

NH/AL Services: Dx Eval - 90791 55";
 16" 37" Tx - 90832; 38" 52" Tx - 90834; 53"+ TX-90837; Neuropsych Test - 96118 (# hrs.); Neurobeh Status 96116 (#hrs.)
 50" Family TX w/o pt - 90846; 60" w/ pt - 90847; Group TX - 90853