

## **APPENDIX D**

LOUISIANA OFFICE OF MENTAL HEALTH  
MHS SERVICE LOG

Service Log #: \_\_\_\_\_

Contract #: \_\_\_\_\_

Case Number: \_\_\_\_\_ Client Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

1. Date: __/__/__		6. Type of Contact: __	NOTES (Goal/Objective Addressed) :
2. Assessment or Service PA: Assessment    Service    (circle one)		7. Service Type: __	
3. Time: (hh:mm) Begin: ____ : ____ End: ____ : ____ Total: ____ : ____		8. Life Area: __	
4. Crisis:    Yes    No    (circle one)		9. Service Participants: ____ ____ ____	
5. Place of Service: __			

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ 1

1. Date: __/__/__		6. Type of Contact: __	NOTES (Goal/Objective Addressed) :
2. Assessment or Service PA: Assessment    Service    (circle one)		7. Service Type: __	
3. Time: (hh:mm) Begin: ____ : ____ End: ____ : ____ Total: ____ : ____		8. Life Area: __	
4. Crisis:    Yes No    (circle one)		9. Service Participants: ____ ____ ____	
5. Place of Service: __			

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ 2

1. Date: __/__/__		6. Type of Contact: __	NOTES (Goal/Objective Addressed) :
2. Assessment or Service PA: Assessment    Service    (circle one)		7. Service Type: __	
3. Time: (hh:mm) Begin: ____ : ____ End: ____ : ____ Total: ____ : ____		8. Life Area: __	
4. Crisis:    Yes No    (circle one)		9. Service Participants: ____ ____ ____	
5. Place of Service: __			

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ 3

LOUISIANA OFFICE OF MENTAL HEALTH  
MHR SERVICE LOG

Service Log #: \_\_\_\_\_

Case Number: \_\_\_\_\_ Client Name: \_\_\_\_\_

Staff ID: \_\_\_\_\_

NOTES (Goal/Objective Addressed) :

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Type of Contact: \_\_\_\_

3. Time: (hh:mm)

7. Service Type: \_\_\_\_

Begin: \_\_\_\_:\_\_\_\_

End: \_\_\_\_:\_\_\_\_

9. Service  
Participants: \_\_\_\_

4. Crisis: Yes No (circle one)

5. Place of Service: \_\_\_\_

Staff Signature

Date

1

NOTES (Goal/Objective Addressed) :

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Type of Contact: \_\_\_\_

3. Time: (hh:mm)

7. Service Type: \_\_\_\_

Begin: \_\_\_\_:\_\_\_\_

End: \_\_\_\_:\_\_\_\_

9. Service  
Participants: \_\_\_\_

4. Crisis: Yes No (circle one)

5. Place of Service: \_\_\_\_

Staff Signature

Date

2

NOTES (Goal/Objective Addressed) :

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Type of Contact: \_\_\_\_

3. Time: (hh:mm)

7. Service Type: \_\_\_\_

Begin: \_\_\_\_:\_\_\_\_

End: \_\_\_\_:\_\_\_\_

9. Service  
Participants: \_\_\_\_

4. Crisis: Yes No (circle one)

5. Place of Service: \_\_\_\_

Staff Signature

Date

3

## OMH MHR/MHS SERVICE LOG CODES

### 5. PLACE OF SERVICE

- 1 CMHC
- 2 Rehab/Contract/Agency
- 3 Home
- 4 School
- 5 Other Community Location
- 6 Acute Psychiatric Unit
- 7 General Medical Unit
- 8 Psychiatric Hospital
- 9 Job Site

### 6. TYPE OF CONTACT

- 1 In-Person
- 2 Telephone
- 3 Written (MHS only)

### 7. SERVICE TYPE

#### MHS

- 1 Assessment
- 2 Clinical Management
- 3 Individual Intervention (child)
- 4 parent/Family Intervention
- 5 Supportive Counseling (adult)
- 6 Group Counseling
- 7 Behavior Intervention Development
- 8 Medication Management
- 9 Psychosocial Skill Development – Individual
- 10 Psychosocial Skill Development – Group
- 11 Service Integration
- 12 Clinical Management Team Meeting
- 13 Clinical Management Coordination

#### MHR

- 20 Assessment
- 21 Service Planning Team (deactivated 11/30/06)
- 22 Medical Assessment, Monitoring and Education
- 23 Med. Administration: Oral
- 24 Med. Administration: Injection
- 25 Community Supports
- 26 Group Counseling
- 27 Individual Intervention
- 28 Family Intervention
- 29 PSR Skills Training – Youth
- 30 PFII
- 31 PSR Skills Training – Adult
- 32 Reassessment

### 8. LIFE AREA (MHS ONLY)

- 1 Mental Health
- 2 Physical Health
- 3 Family/Social Relations/Natural Supports
- 4 Basic Needs
- 5 Employment
- 6 Education
- 7 Recreational/Leisure
- 8 Financial

### 9. SERVICE PARTICIPANTS

- 1 Client
- 2 Family Member/Legal Guardian
- 3 Essential Other
- 4 Mental Health Provider (excluding rehab agency staff)
- 5 Education
- 6 OCS
- 7 Substance Abuse
- 8 Probation / OYD
- 9 Health
- 10 Mental Retardation / DD
- 11 Court
- 12 LA Rehab Services
- 13 Case Management
- 14 Clinical Management Team Member
- 99 Other