Client:
DOB:
SSN:
LG/relationship:
Pay Source/#ID:
Admission Date:

Provider:
Clinical Supervisor:
Residential CM:
RCST Worker:
CD Case Manager:
Referring County:

Southern Light Counseling

CD Vendor# 002344001 SLC NPI# 1346513744

Property of SLC
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CASE NOTE

UR by/date_____

Date:_____

Discussion time:_____

Method of Communication

◯ Face to Face ◯ Email ◯ Phone/Text ◯ Phone Call

Included in Communication: (include Name, Title & Agency

_____ _____

_____ _____

_____ _____

_____ _____

_____ ***Day*** _____ ***Date*** _____

Clinician Signature, *Credentials and State license #*

_____ ***Date*** _____

Clinical Supervisor Signature, *Credentials and State license #* ***Utilization Reviewer***