



FOR OFFICE USE ONLY

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Therapist: \_\_\_\_\_  
\_\_\_\_\_

Individual Rate:

Conjoint Rate:

Returning Client:  Yes  No  
\_\_\_\_\_

Initial Eval Rate:

Primary Procedure Code:  Individual 90806  
 Conjoint 90847  
\_\_\_\_\_  
\_\_\_\_\_

DSM IV Diagnosis:  
Axis I:

20-30 Min 90804

Axis II:

75-80 Min 90808

Axis III: \_\_\_\_\_

Initial Eval 90801

Axis IV:

Axis V: \_\_\_\_\_

Current

GAF \_\_\_\_\_