|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client: | | | Case #: | | Program: | |
| Date of Service: | | Unit: | | | SubUnit: | |
| Server ID: | Service Time: | | | | Travel Time: | Documentation Time: |
| Person Contacted: | Place: | Outside Facility: | | | Contact Type: | Appointment Type: |
| Billing Type (Language Service  Provided In): | | | | Intensity Type (Interpreter Utilized): | | |
| Diagnosis At Service: ICD-10 Code(s): | | | | | Service: | |

**CRISIS STABILIZATION UNIT (CSU) – DISCHARGE NOTE**

**CS Admit Time:**       **CS Admit Date:** Date

**CS Discharge Time:**       **CS Discharge Date:** Date

**Total Billing Time (SC90):**       **Total Non-Billing Time (SC813):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Admission (why admitted to CSU, include risk status, 5150 status, behaviors during course of treatment; Indicate any time not included in Total Billing/Non Billing Time due to release to Medical, ER, etc ):**

**Discharge Plan (Continue 5150 hold; is hold being discontinued; referrals given)**

**For more detailed discharge information, refer to Discharge Summary completed on:** Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***Signature/Title/Credential Date Printed Name/Credential/Server ID#

\*I certify that the service/s shown on this sheet was provided by me personally and the service/s were medically necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signature/Title/Credential Date Printed Name/Credential/Server ID#