### Narrative

Narrative must include: 1) Provider support and interventions, 2) Client’s progress on treatment plan: problems, goals, & action steps, 3) Client’s ongoing plan including any new issues, and 4) If service(s) provided in the community, identify location(s) and how confidentiality was maintained.

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### Contact Type

- **F-F = Face-to-Face**
- **TEL = Telephone**
- **COM = In Community**
- **TH = Telehealth**
- **NC = No Contact**

### Service Type

- **AS = Assessment**
- **GR = Group**
- **CR = Crisis**
- **CO = Collateral**
- **DC = Discharge**
- **IND = Ind. Counseling**
- **TP = Tx Planning**
- **PE = Patient Education**
- **FT = Family Therapy**
- **TR = Transportation**
- **O = Other**
- **MI = Motivational Interviewing**
- **RP = Relapse Prevention**
- **N/A = Not Applicable**

### Topic

<table>
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<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Total Duration</th>
<th>Contact Type</th>
<th>Service Type</th>
<th>Language of Service (if other than English)</th>
<th>Translator Utilized?</th>
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<td>☐ am</td>
<td>☐ pm</td>
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<td>☐ N/A</td>
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### Counselor/LPHA Printed Name, Title

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<th>Signature, Credentials</th>
<th>Date of Completion</th>
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