

Client Name: RASPBERRY TEST

Welligent ID: 5161761

Birth Date: 08-Sep-1980

IBHIS ID (DMH Clients): \_



**Appointment Details**

Date of Service: 06-Aug-2020  
 Scheduled/Start Time: 02:42PM  
 Appointment Duration or Face to Face: 47 (Minutes)  
 Date Marked as Complete: 14-Sep-2020 09:59AM  
 Non-Billable Time: (Minutes)  
 Provider: Cardenas, Jennifer  
 Other Time (Not Face-to-Face): 7 (Minutes)  
 Travel Time: (Minutes)  
 Status: Completed  
 Primary Action: Plan Development  
 Reporting Unit: County Mental Health  
 Reporting Unit Address: 555 Main Street, Oakland, CA 94619  
 Reporting Unit ID: SC  
 Place of Service: Office  
 Other Individuals Present: Family: Non-Family:  
 Collateral Visit: No Specify:  
 Service Strategy: 00-No Evidence Based Practice/Service Strategy  
 Evidence Based Practice: 00-No evidence based practice  
 Appointment Internal ID: 1377102859

**Mental Health Notes**

<b>Activities/Services</b>	
Goals:	The purpose of this session was to engage the client in the treatment planning process
Interventions:	During this face to face session with client, I collaborated with her to develop initial treatment goals. I prompted client to share her life goal and brainstormed how it would be incorporated into her treatment plan. I reviewed the needs and strengths identified during the previous session using the CANS and worked with client to determine how to leverage his strengths to support his areas of need. For further detail, please refer to client's initial treatment plan, located in the clinical chart.
Response:	Client was engaged throughout the session, though she struggled to identify strengths. Client was in agreement with the plan developed and signed the treatment plan.
Progress:	Treatment goals were agreed to.
Plan:	This clinician will begin individual and family therapy sessions later this week to begin working to address treatment goals.

**Signatures**

Electronic Signature/Credentials

