



Office of Addiction Services and Supports

CONTINUING CARE Per Service Report

*Provider Number

Provider Name

*Program Number

Program Name

*Client ID

*Sex (at birth) Male X Female

*Birth Date

*Last Name 2 Char

*Last 4 SSN

*Service Date

*Misuse of substance since last contact

- Yes
- No

*Frequency of Use in last 30 days

- No use in last 30 days
- 1-3 times last 30 days
- 1-2 times per week
- 3-6 times per week
- Daily

*Disposition

- Continuing Care
- Refer to Active Treatment

*Service (Check all that apply):

- Individual Counseling Brief (G0396/90832)
- Individual Counseling Normative (G0397/90834)
- Group Counseling Normative (H0005/90853)
- Peer Advocate Service (H0038)

- Medication Administration Observation (H0033)
- Medication Management (99211-99215)
- Addiction Medication Induction/Withdrawal (H0014)

REQUIRED FIELD