

HCCBG MENTAL HEALTH COUNSELING
CASE CONSULTATION AND EVALUATION CLIENT LOG

#	CLIENT NAME	Client's DOB	Eligible client? * Indicate 1, 2, or 3	Type of service provided to client? CC= Case Consultation E= Evaluation	Date(s) of service	Date(s) of service and type of service on invoice match this log? Yes or No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

- *
- 1= Individuals who have been abused, neglected, and/or exploited as substantiated by the county department of social services and for whom the service is needed as part of the adult protective service plan
 - 2= Individuals who are at risk of abuse, neglect, or exploitation
 - 3= Individuals who do not have a caregiver or another responsible party available to assist with care.