SCFS Client Service Form

Staff: _____ **Date:** _____/_____/_____

Client Last Name/Client ID#	AIRS Service Category	Encounter Code	Activity Code	From: To:	AIRS Entered□ Note written □
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SERVICE TYPE	AIRS SERVICE CATEGORY	ENCOUNTER TYPE (choose 1)	SERVICE PROVIDED (choose 1)
Intake/Assessment – Office	00040 – Supportive	270 – Office Based Counseling	439 – Intake Assessment
Follow-up – Office	00040– Supportive	39-Counseling (General)	1135 – Office Follow Up
Follow-up –Telephone	00040– Supportive	39-Counseling (General)	1137 – Phone Follow Up
Care Coordination – Office	00011 – Care Coordination	22 – Care Coordination Follow Up	1134 – Office Care Coordination
Care Coordination – Phone	00011 – Care Coordination	22 – Care Coordination Follow Up	1136 – Phone Care Coordination
Referral	00011 – Care Coordination	162 – Referral and Linkage	427, 707 or 708
Reassessment – Office	00011- Care Coordination	271- Office Based Reassessment	702 - Reassessment
Service Plan Development	00011 – Care Coordination	272 – Office Based Needs Identification	158- Development of Plan
Service Plan Update	00011 – Care Coordination	272 – Office Based Needs Identification	648 – Plan Update
Family Counseling – Office	00040 - Supportive	270 Office Based Counseling	247 Family Counseling
Individual Counseling	00040 - Supportive	270 Office Based Counseling	391 Individual
Group Counseling	00040 - Supportive	270 Office Based Counseling	808 Support Group