

## HCHN MH/CD/CM Log – Day to Day Information page 2

	DATE	LENGTH OF VISIT (minutes)	SERVICE CODE	PROBLEM CODE	REFERRALS APPOINTMENTS	PROVIDER SIGNATURE/ #
4.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
5.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
6.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
7.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
8.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
9.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
10.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
11.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____
12.		0-30 31-60 61-90 _____	# _____ # _____ # _____ # _____	Primary _____ Other _____ Other _____ Other _____	# _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU # _____ RC DNRC LTFU	Signature: _____  Provider #: _____