



Contact note

Child: DOB: ID: Date:
Start time: End time: Service: Joint visit Dx code:
Provider name: Location: NESF EPIC
Insurance: No change New insurance
Participants:

Family/Caregiver update: (Subjective)

Outcome(s)/Goal(s) addressed:

Narrative Summary (Objective):

Ongoing Assessment:

Planning

Next session scheduled for

Provider Signature and Date

Parent Signature (Optional)

Individuals who provide electronic signatures attest that they understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. This attestation confirms that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This attestation certifies that the electronic signature is the legally binding equivalent of their handwritten signature and that the data on this form is accurate to the best of my knowledge.