

TCTI The Counseling Team International

74-075 El Paseo A-16 Palm Desert, CA 92260

Ph.: (800)651-1021 Fax: (949)855-7575

CLINICAL SERVICE RECEIPT – DEA/ EAP

Fax this form to: (949) 855-7575 PLEASE TYPE OR PRINT CLEARLY

*Submit with each billing
One form for each session*

Check if this is the Final Session:

Case Number: _____ Therapist Name _____

Date of Session: _____ Session #: _____ (1-6) Session Duration: _____ (Hours)

I ACKNOWLEDGE THE SERVICES WERE PROVIDED:

Signature of Employee, or Family Member

Print Name of Employee or Family Member

Narrative Description of Session Goal and Accomplishment:

DISCHARGE -DISPOSITION SUMMARY:

If this is the Final Session please note any improvement and follow-up recommendations:

Check one: Improved Not Improved Too soon to tell

1 Needed For Each Session
PLEASE MAKE COPIES AS NEEDED -Form #3