Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

DIVISION OF BEHAVIORAL HEALTH AND RECOVER (DBHR)

DBHR Target Treatment Activities

ADMISSION DATE
AGENCY NUMBER

SECTION I: CLIENT IDENTIFICATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. DATE OF BIRTH

SECTION II: TREATMENT ACTIVITIES

ACTIVITY CODES

ACTIVITY TYPE (CODE 1)

- Acupuncture (A)
- Case Management (M)
- Case Management (Gambling) (S)
- Childcare (C)
- Conjoint (with client) (J)
- Family (without client) (F)
- Group (G)
- Group (Gambling) (B)
- Individual (I)
- Individual (Gambling) (D)
- Methadone/Opiate Dependency Dose Change (R)
- Patch Analysis (P)
- Urinalysis Sample (U)

ATTENDANCE (CODE 2)

- No Show
- Yes
- Excused

CHILDCARE TYPE (CODE 3)

- In-Home Care (H)
- Licensed Childcare Center (L)
- Licensed Family/Home Care (C)
- Not Applicable (N)
- On-Site Facility (F)
- Relative Care (R)
- Therapeutic Center (T)
- Unknown (U)

ACTIVITY DATE	ACTIVITY TIME	ACTIVITY TYPE (CODE 1)	DURATION ACTIVITY HOURS		ATTEND (CODE 2)	STAFF ID	NUMBER OF CHILDREN	CHILD CARE TYPE (CODE 3)	OPIATE DEPENDENCY DOSE (MG)
			HRS	MIN					
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						
	: ☐ A.M. ☐ P.M.		:						