Updated on: 12/4/2015

WITS Encounter Summary(s)

Client Name or Unique Client Number: _____ Admit Date: _____

Start Date: _____ Number of Units/Sessions: _____ Charge: _____

Service:

Rehabilitation/Residential

- ☐ Hospital (Other than detoxification)
- ☐ Short Term (30 days or less)
- ☐ Extended Care
- ☐ Halfway House
- ☐ Adolescent Res. Rehab. Transitional
- ☐ Consumer Run Residence

Ambulatory

- ☐ Non-Intensive Outpatient
- ☐ Intensive Outpatient
- ☐ Detoxification
- ☐ Evaluation Only
- ☐ Adolescent Outpatient
- ☐ Adolescent Intensive Outpatient
- ☐ Opioid Replacement Therapy

Unit Type:

- ☐ Individual
- ☐ Group
- ☐ Family

Start Date: _____ Number of Units/Sessions: _____ Charge: _____

Service:

Rehabilitation/Residential

- ☐ Hospital (Other than detoxification)
- ☐ Short Term (30 days or less)
- ☐ Extended Care
- ☐ Halfway House
- ☐ Adolescent Res. Rehab. Transitional
- ☐ Consumer Run Residence

Ambulatory

- ☐ Non-Intensive Outpatient
- ☐ Intensive Outpatient
- ☐ Detoxification
- ☐ Evaluation Only
- ☐ Adolescent Outpatient
- ☐ Adolescent Intensive Outpatient
- ☐ Opioid Replacement Therapy

Unit Type:

- ☐ Individual
- ☐ Group
- ☐ Family

Start Date: _____ Number of Units/Sessions: _____ Charge: _____

Service:

Rehabilitation/Residential

- ☐ Hospital (Other than detoxification)
- ☐ Short Term (30 days or less)
- ☐ Extended Care
- ☐ Halfway House
- ☐ Adolescent Res. Rehab. Transitional
- ☐ Consumer Run Residence

Ambulatory

- ☐ Non-Intensive Outpatient
- ☐ Intensive Outpatient
- ☐ Detoxification
- ☐ Evaluation Only
- ☐ Adolescent Outpatient
- ☐ Adolescent Intensive Outpatient
- ☐ Opioid Replacement Therapy

Unit Type:

- ☐ Individual
- ☐ Group
- ☐ Family