



**Santa Cruz County Mental Health & Substance Abuse Services
Services Rendered Document
INDIVIDUAL LOG**

Data Entry Initials:

Service Date: _____ Facility: _____ Program: _____

Staff Name: _____ Staff Number: _____

Direct Services

Consumer Number	Consumer Name	Service Location	Elapsed Time Minutes	Service Code	Group Count	Co-Staff Number	Co-Staff Duration Minutes	Service Strategy	Pregnant	Emerg
TYPE OF SERVICE			Service Code	Duration Minutes						

Signature: _____ Date: _____