

Early Intervention Program Service Log

|  |  |  |
| --- | --- | --- |
| Child’s Name: | DOB: | NYEIS/EI#: |
| Service Type Delivered | NYEIS Service Authorization # |
| Teacher/Therapist Name: | Teacher/Therapist Discipline | NPI#: |
| Agency Name: **We Blossom Therapeutic Services** | Frequency: | Intensity: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Service | Start Time(AM/PM) | End Time(AM/PM) | CPT Code | Signature of Parent/Guardian Verifying That Service Was Delivered | Date Signed |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |