



## Visit Summary Form

Submit via Fax to: 833-520-4880

Or via secure email: [Operations\\_Delivery@ontrak-inc.com](mailto:Operations_Delivery@ontrak-inc.com)

**Please note: This form is for completed sessions only.**

Member Name: \_\_\_\_\_

Member DOB: \_\_\_\_\_

Ontrak ID: \_\_\_\_\_

Service Date: \_\_\_\_\_

Session Number: \_\_\_\_\_

Rendering Provider Name: \_\_\_\_\_

Visit Type:    Face-to-face    Telehealth    Telephonic

ICD-10 Diagnosis Code(s) (Must be a specified code): \_\_\_\_\_

Next Appointment Date and Time (when applicable): \_\_\_\_\_

Next Visit Type:    Face-to-face    Telehealth    Telephonic

In a few sentences, please provide a brief assessment and/or progress toward goals. **Please do not submit psychotherapy notes:**

\_\_\_\_\_  
Provider Signature