



**Fee Contract
Quarterly Request For Additional Services**

Veteran Name: _____ Number: _____ Date: _____

1. What issues or problems have been addressed in the last quarter?

2. What new problems or issues have become the focuses of treatment in the last quarter?

3. What will be the focus of treatment for the next quarter and what results do you expect to achieve during that time?

4. With what have you consulted about this veteran?

	Name	Date
a. Vet Center Staff	_____	_____
b. Prescribing Physician	_____	_____
c. Other	_____	_____

5. Number of Sessions requested:

Individual _____ Group _____ Family _____

6. Number of Sessions approved

Individual _____ Group _____ Family _____

COTR Signature

1 st Qtr	_____
2 nd Qtr	_____
3 rd Qtr	_____
4 th Qtr	_____