

Bariatric Therapy

ATTENDANCE LOG/INITIAL AUDIT

1. \_\_\_\_\_ Patient Information Questionnaire
2. \_\_\_\_\_ Psychological Evaluation complete
3. \_\_\_\_\_ Treatment plan, \_\_\_\_\_ signed by pt., \_\_\_\_\_ signed by clinician
4. \_\_\_\_\_ Right-Consent to treat signed \_\_\_\_\_ Agreement of Admission
5. \_\_\_\_\_ Release of info completed
6. \_\_\_\_\_ Client name and patient ID on all pages

NAME \_\_\_\_\_

PATIENT ID \_\_\_\_\_

DX \_\_\_\_\_

THERAPIST \_\_\_\_\_

INSURANCE INFO: \_\_\_\_\_

DATES ATTENDED

		Date	Service	Initial			Date	Service	Initial

No Show

REVIEW


DISCHARGE SUMMARY: \_\_\_\_\_ DATE

COMPLETED: \_\_\_\_\_



PT.

MR.#/RM.

DR.