McLaren Flint

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:_____