Recreational Visit Progress Note - CLASS

Patient Name: class 5 class 5 **Medicaid #:** 6789099
Visit Date: 01-16-2020
Time In: 12:00 AM **Time Out:** 12:00 AM **Duration:** 45 min
Therapist: recreational user

Activity:

Affect:

Goals Addressed (Revisions of Goals and Objectives):

Treatment Provided:

Client Response to Therapy:

Participant/Family Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____