

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: _____