QUARTERLY SUMMARY - (Page 1 of 2		
Client: <u>aaa aaa</u>	a aaa Therapist: Multi Discpline		Discipline: RECREATIONAL THERAP
Date of Assessment: 09-10-20	19 Review Period (Qrt/Yr):	Diagnosis:_	
Initial/annual evaluation of deficits and needs. Taken from 8606A addendum			
Frequency <u>AND</u> Duration of visits:			
Coordination of Care:			
# 1 Baseline Data:			
Goal:			
Measurable Objectives:			
# 2 Baseline Data:			
Goal:			
Measurable Objectives:			
# 3 Baseline Data:			
Goal:			
Measurable Objectives:			

QUARTERLY SUMMARY	Page 2 of 2			
Client: <u>aaa</u> aaa	Therapist: Multi Discpline	Discipline: RECREATIONAL THERAE		
Date of Assessment: 09-10-	Review Period (Qrt/Yr):	Diagnosis:		
Client Participation:				
# of Missed Visits:	Reason(s) for Missed Visit(s): (If the client missed multiple visits for a variety of reasons, then please document all the reasons.)			
Treatment provided to address identified needs for Goal #1:		Current Progress Goal # 1:		
		☐ Met ☐ Unmet Goal ☐ Revised; Specify Revision:		
Treatment provided to address identified needs for Goal #2:		Current Progress Goal # 2:		
		☐ Met ☐ Unmet Goal ☐ Revised; Specify Revision:		
Treatment provided to addre	ess identified needs for Goal #3:	Current Progress Goal # 3:		
		☐ Met ☐ Unmet Goal ☐ Revised; Specify Revision:		
Therapist Printed Name:	Signature:	Date:		
DSA Representative Printed Name:	Signature:	Date:		

Date sent to CMA must be within 5 business days of the quarterly summary being completed/signed by the therapist