Recreational Visit Progress Note - CLASS

Patient Name: class 5 class 5			Medicaid #: 6789099		
Visit Date:	Date: 01-16-2020				
Time In:	12:00 AM	Time Out: 12:00 AM	Duration: 45 min		
			20 111212		
Therapist:	recreational	user	_		
Activity:					
Activity.					
• • •					
Affect:					
Goals Addre	essed (Revisions	of Goals and Objectives):			
_					
Treatment P	rovided:				
Client Respo	onse to Therapy:				
Particina	nt/Family Signatu	Iro.	Date		
Farticipa	nuranny Signati	ure:	Date:		
Theranie	t Signature:		Date:		