

**QUARTERLY SUMMARY - Goals, Progress & Treatment****Page 1 of 2****Client:** aaa aaa**Therapist:** Multi Discipline**Discipline:** RECREATIONAL THERAPY**Date of Assessment:** 09-10-2019**Review Period (Qrt/Yr):** \_\_\_\_\_**Diagnosis:** \_\_\_\_\_**Initial/annual evaluation of  
deficits and needs. Taken  
from 8606A addendum****Frequency AND 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 - Goals, Progress & Treatment**
**Page 2 of 2**

**Client:** aaa aaa      **Therapist:** Multi Discipline      **Discipline:** RECREATIONAL THERAPY  
**Date of Assessment:** 09-10-2019      **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 address 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\***