

Music Therapy Visit Progress Note - CLASS

Patient Name: patient CLASS 4

Medicaid #: 123123123

Visit Date: 06-04-2019

Time In: 01:00 PM Time Out: 02:00 PM

Duration: 60 min

Therapist: Marcie Friedman

Activity:

Affect:

Goals Addressed (Revisions of Goals and Objectives):

Treatment Provided:

Client Response to Therapy:

Participant/Family Signature: _____

Date: _____

Therapist Signature: _____

Date: _____