

## Recreational Visit Progress Note - CLASS

Patient Name: aaa aaa

Medicaid #: 4343443434

Visit Date: 10-08-2019

Time In: 12:00 AM Time Out: 12:00 AM

Duration: 45 min

Therapist: Multi Discipline

---

### Activity:

---

---

---

---

### Affect:

---

---

---

---

### Goals Addressed (Revisions of Goals and Objectives):

---

---

---

---

### Treatment Provided:

---

---

---

---

### Client Response to Therapy:

---

---

---

---

Participant/Family Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_