MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

SUBSTANCE ABUSE REHABILITATION PROGRAM
CLINICAL PROGRESS NOTE

Type of Entry: Medical Referral_____ Initial Contact_____ Assessment_____
Individual Psychotherapy_____ Group Psychotherapy_____
Outpatient Treatment_____ Intensive Outpatient Treatment_____
Pre-treatment Interim Care_____ Walk-in_____ Tx-intake_____

Diagnosis:

Primary Counselor:_____ Date:_____

Patient Name:_____ Patient #:_____ DOB:_____

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID NO or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
NAVMED O/P 5353/8 (5-2003)