

Therapeutic Alternatives, Inc.

Sample Provider

CLIENT CONTACT LOG

Client: Sample Client

Case #: 9-08547

Date: Monday, July 25, 2005

Contact With: Parent/Guardian

Summary: Scheduled initial intake appointment for 07/27/05.

Date: Tuesday, August 23, 2005

Contact With: Client

Summary: Sample cancelled today's appointment; rescheduled.

Date: Thursday, September 01, 2005

Contact With: Parent/Guardian

Summary: Notified of missed appointment: rescheduled.

Date: Wednesday, September 07, 2005

Contact With: Parent/Guardian

Summary: Notified of missed session; rescheduled.

Date: Monday, September 12, 2005

Contact With: Parent/Guardian

Summary: Conference re: termination of therapy.

Sample Provider

Date