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| CLINICAL NOTES | CHRONOLOGICAL RECORD OF TREATMENT |
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**PRIVACY ACT STATEMENT:** This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a).

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| DATE | SYMPTOMS, TREATMENT, PROGRESS (*Sign each entry*) |
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| TREATMENT FACILITY | CLIENT’S NAME |
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**CHRONOLOGICAL RECORD OF TREATMENT**

THERAPIST’S NOTES

**MENTAL HEALTH FORM 600** (REV. 3/2016)

AUTHORIZED FOR LOCAL REPRODUCTION

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| DATE | SYMPTOMS, TREATMENT, PROGRESS (*Sign each entry*) |
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**MENTAL HEALTH FORM 600** (REV. 3/2016) **BACK**