Update this within 8 hours of <u>every</u> clinic visit, or phone contact, or e-mail contact with your client.

CLIENT CONTACT SHEET

Client: _____

Note: All sessions, correspondence, treatment dates, phone calls and/or notes to folder ***MUST*** *be logged in and initialed with an* ***INK PEN. Do not use pencil.***

Date MM/DD/YY	Comments	Supervisor/ Clinician (*please initial*)