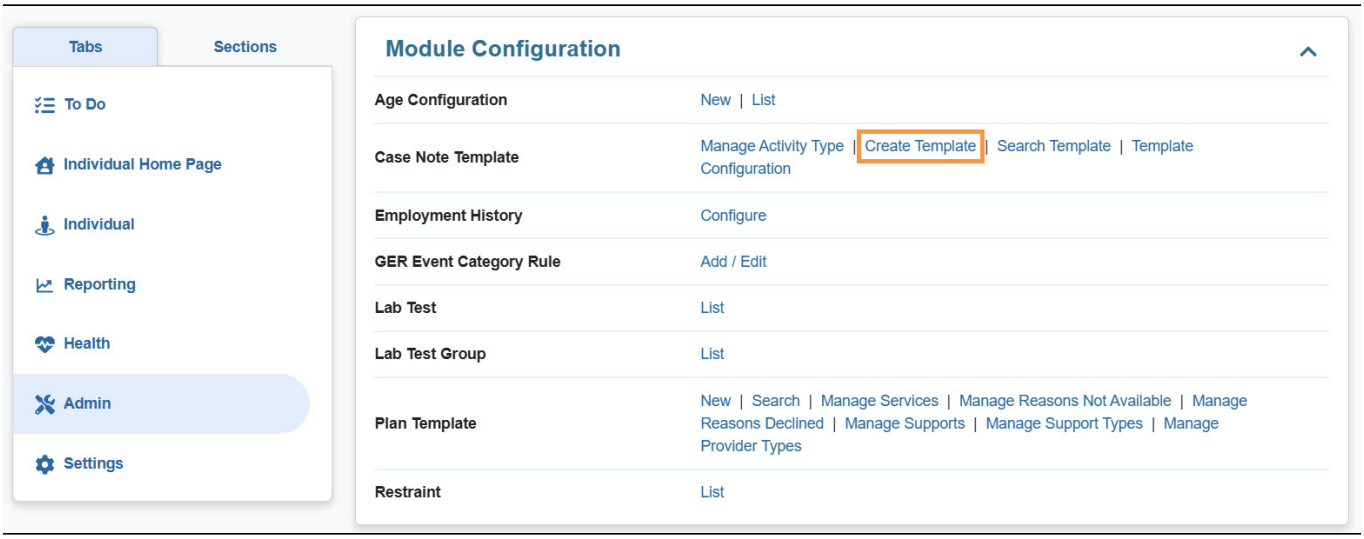
Case Note Template □□□□ □□□□

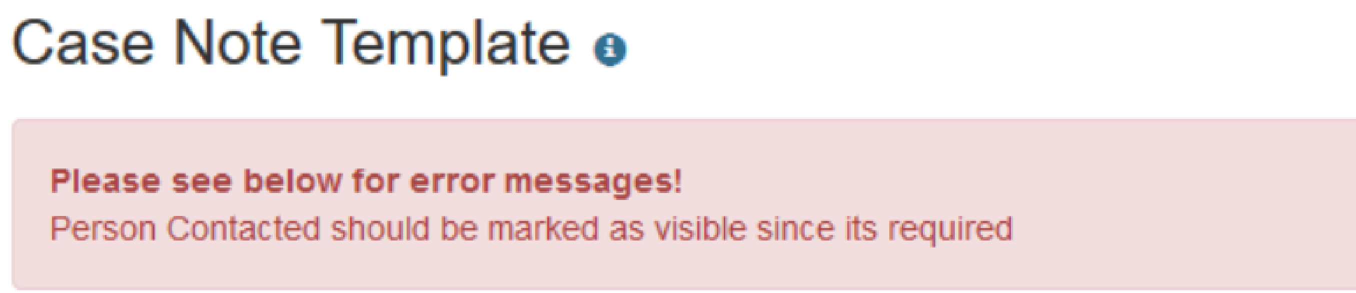
Therap □□□□□□□□□□□□□ □□□□□ ***Clinical Admin*** □□□□□□□□□□□□□□□ □□□□ □□□, □□□□ Case Note Template □□□□ □□□□ □□□□□□□

□. **Admin** □□□□□ □□□□ **Case Note Template** □□□□□□□ **Create Template** □□□□□□□□□ □□□□□ □□□□□



□. **‘Case Note Template’** □□□□, **Field Properties** □□□□□□□, □□□□ □□□ □□□□□□□□□□ □□□□□ □□□ □□ **Visible** □□□□□ □□□□□□□ □□□□ □□□□□□□ □□□□□ **Required** □□□□□ □□□□□□□ □□□□□□ □□□□□□□ □□□□ □□□□□□□□□□ □□□□□□□ □□□□ □□□□□□□ □□□□ □□□□□□□□ □□□□□□□□ □□□ **Visible** □□□□□ □□□□□□□□□□□□ □□□ □□□□□ □□□□ □□□ □□□□□

- [illegible] Visible [illegible] Visible [illegible] Required [illegible] Visible [illegible] Required [illegible]



[illegible]. [illegible] Name [illegible] Time Format [illegible]

[illegible] Location(s), Activity Types(s), [illegible] Questionnaire [illegible]

- Location(s) [illegible] Activity Types(s) [illegible] Locations [illegible] Activity types [illegible]

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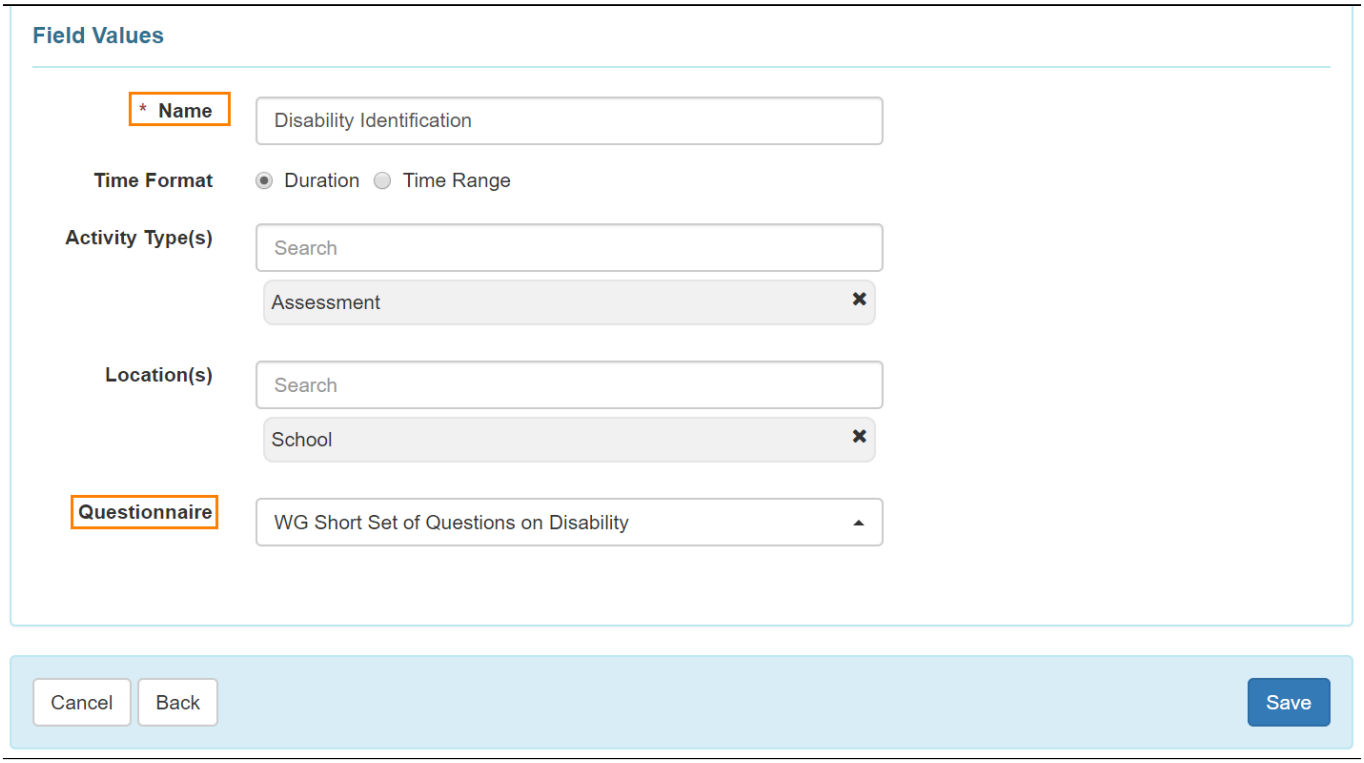
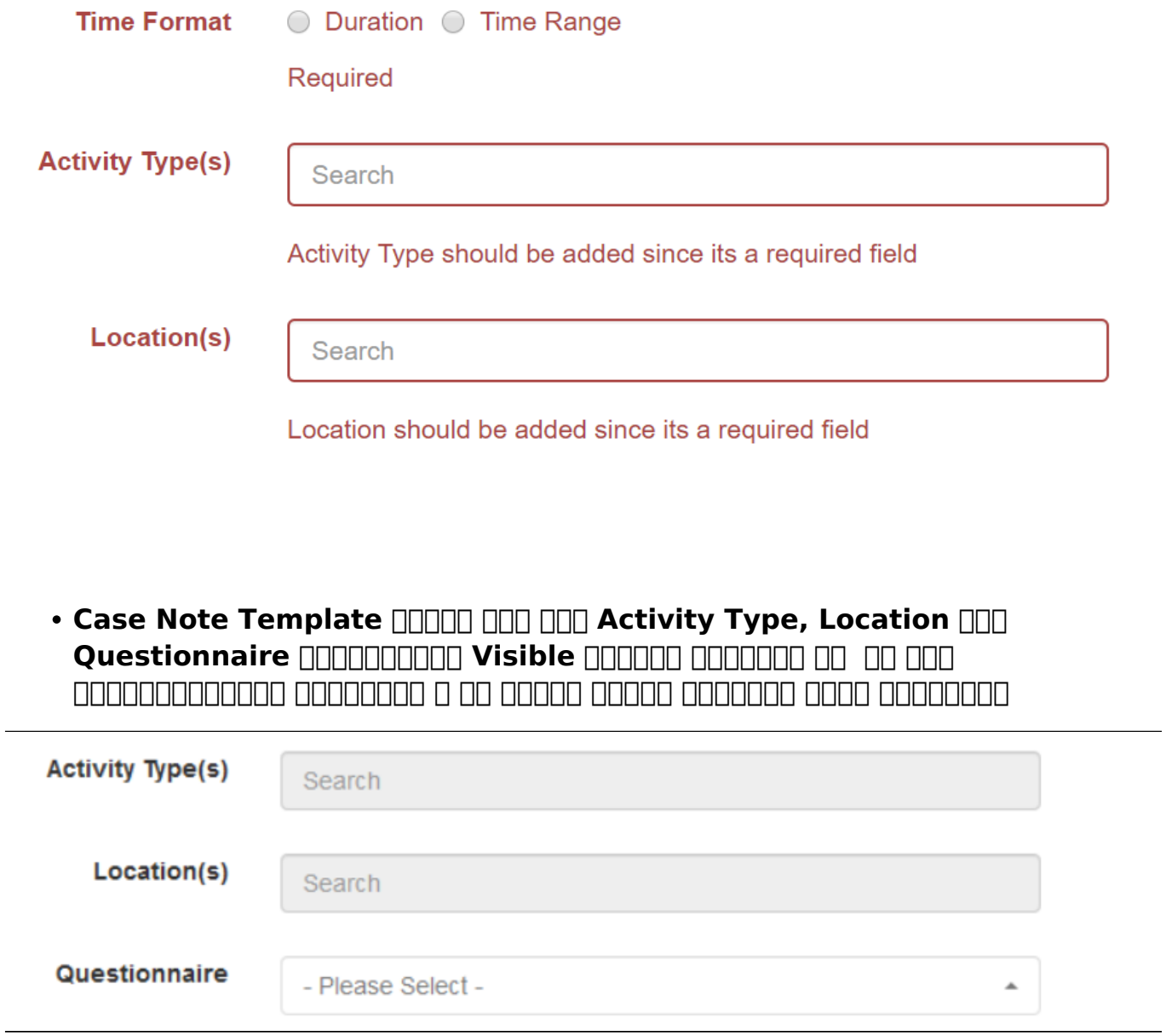
- **Questionnaire** □□□□□□□ □□□□ □□□□ □□□□□□ Approved □□□□□□□□□□ □□□□□□□□□□ □□□□ □□□□□ □□□□□□□□ □□□□□□□ **Questionnaire** □□□□□□□ □□□□ □□□ □□□□□□□□□□ □□□□□□□ □□□□ **Save** □□□□□ □□□□□ □□□□□

□□□□: *Case Note Template* □ *Questionnaire* □□□□□□□ □□□□ □□□□□ *Case Note Template* □□□□□ □□□□□□ *Questionnaire* □□□□ □□□□□ *Questionnaire* □□□□□ □□□□□□ □□□□□ □□□□□ □□□□□ □□□□□



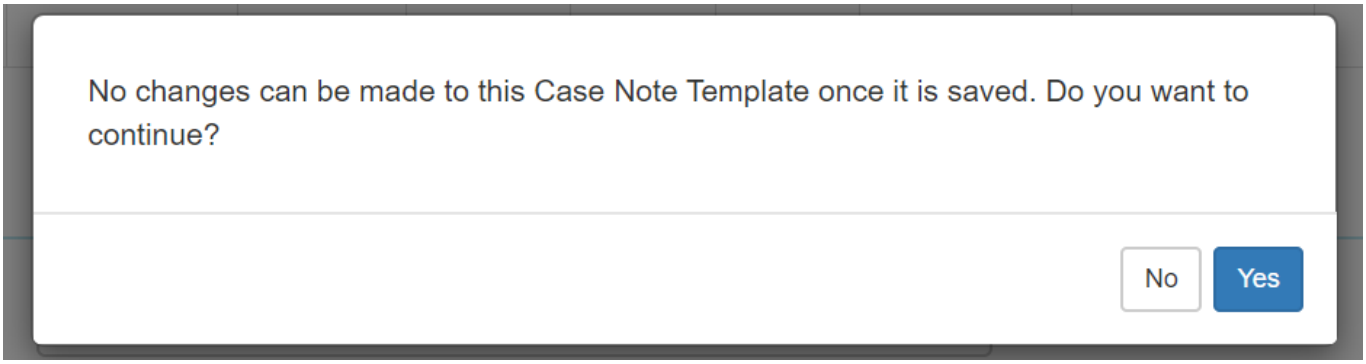
□□□□:

Location, Activity Type □□□ **Questionnaire** □□□□□□□□□□ □□□ **Required** □□□ □□ □□□ □□□ □□□□□□ □□□□□ □□□□ □□□□□□□ □□ □□□ □□ □□□ Therap □□□□□□□□□□□ □□□□□□□□□□ □□□□□□□ □□□□ □□□ error □□□□□ □□□□□□

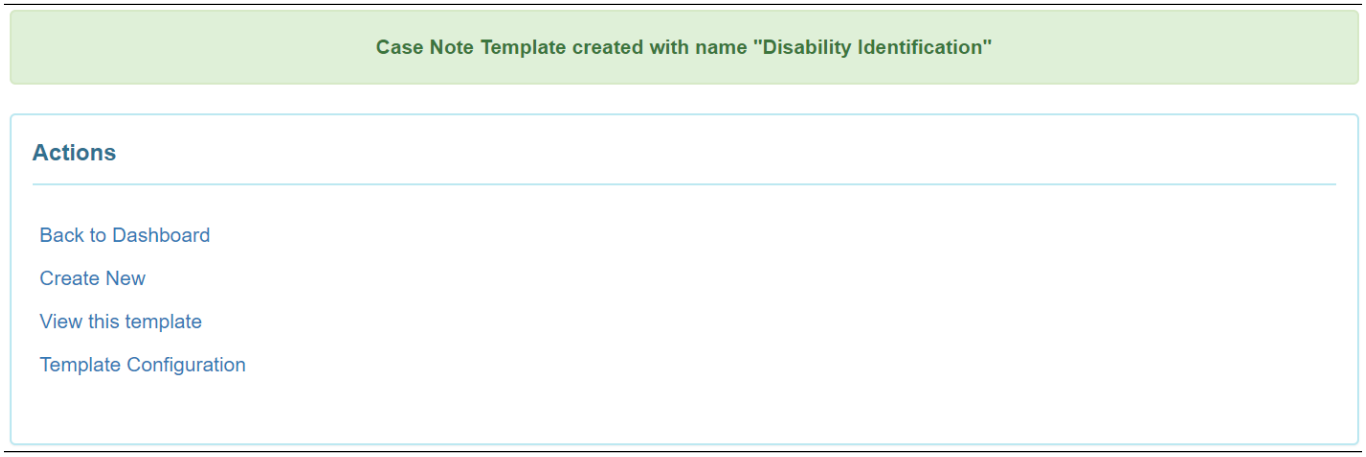


- **Case Note Template** □□□□□ □□□ □□□ **Activity Type, Location** □□□ **Questionnaire** □□□□□□□□□□ **Visible** □□□□□□ □□□□□□□ □□ □□ □□□ □□□□□□□□□□□□□ □□□□□□□□ □ □□ □□□□□ □□□□□ □□□□□□□ □□□□ □□□□□□□□

□. **Case Note Template** □ **Save** □□□□□ □□□□□ □□□□ **“Case Note Template”** □□ □□□□□□□ □□□ □□ □□□□ □□□□□□□□ □□□ □□□□□□” □□□ □□□□ □□□□□ □□□□□□□□□ □□□□ □□□□□□□□□ □□□□□□□ □□□□ **Yes** □□□□□ □□□□□ □□□□ □□□□ □□□□ □□□□□□□□ □□□□ □□□□□ **No** □□□□□ □□□□□ □□□□□



Case Note Template □□□□□ □□□□ □□□ □□□□□ □□□□□ □□□□□□



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Case Note Template

Template Details

Field Properties

	Time	Service & Unit Rate ($)	Activity Type	Location	Billable	Face to Face	Person Contacted	Questionnaire	Attachment	Notes
Visible	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Field Values

Name Disability identification

Time Format Duration

Activity Type(s) Assessment

Location(s) School

Questionnaire WG Short Set of Questions on Disability

Cancel Back Discontinue