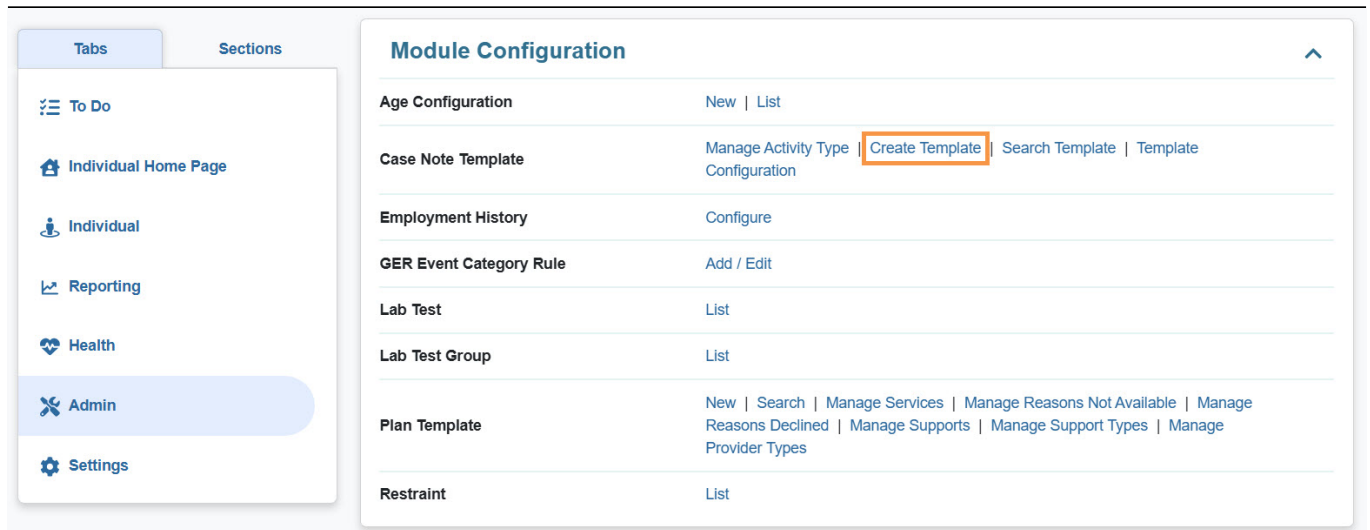


Case Note Template

Therap **Clinical Admin** Case Note Template

Admin Case Note Template Create Template



'Case Note Template' Field Properties, Visible Required

□□□□ □□□□

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

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

Field Values

*** Name**

Time Format Duration Time Range

Activity Type(s)
 ✕

Location(s)
 ✕

Questionnaire

□□□□:

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

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