

**PM Form 4.2.1  
CLINICAL RECORD DOCUMENTATION FORM**

**Provider Name:** \_\_\_\_\_

<b>CLIENT NAME:</b> _____  <b>CLIENT ID NUMBER:</b> _____  <b>PROVIDER ID NUMBER:</b> _____	<b>DATES OF SERVICE</b>	<b>SERVICE CODE(S)</b>		<b>DATES OF SERVICE</b>	<b>SERVICE CODE(S)</b>

**MONTH**

200

1 TIME IN-OUT	2 TIME IN-OUT	3 TIME IN-OUT	4 TIME IN-OUT	5 TIME IN-OUT	6 TIME IN-OUT	7 TIME IN-OUT
8 TIME IN-OUT	9 TIME IN-OUT	10 TIME IN-OUT	11 TIME IN-OUT	12 TIME IN-OUT	13 TIME IN-OUT	14 TIME IN-OUT
15 TIME IN-OUT	16 TIME IN-OUT	17 TIME IN-OUT	18 TIME IN-OUT	19 TIME IN-OUT	20 TIME IN-OUT	21 TIME IN-OUT
22 TIME IN-OUT	23 TIME IN-OUT	24 TIME IN-OUT	25 TIME IN-OUT	26 TIME IN-OUT	27 TIME IN-OUT	28 TIME IN-OUT
29 TIME IN-OUT	30 TIME IN-OUT	31 TIME IN-OUT				

**MONTHLY SUMMARY (As it relates directly to treatment plan):**

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date