

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SUBSTANCE ABUSE REHABILITATION PROGRAM
CLINICAL PROGRESS NOTE

Type of Entry: Medical Referral _____ Initial Contact _____ Assessment _____
Individual Psychotherapy _____ Group Psychotherapy _____
Outpatient Treatment _____ Intensive Outpatient Treatment _____
Pre-treatment Interim Care _____ Walk-in _____ Tx-intake _____

Diagnosis:

Primary Counselor: _____ Date: _____

Patient Name: _____ Patient #: _____ DOB: _____

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID NO or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

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STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
NAVMED O/P 5353/8 (5-2003)