DIVISION OF CHILD AND ADOLESCENT PSYCHIATRY
PATIENT LOG

ROTATION: _____

FELLOW NAME:		DATE RANGE:	-

DATE (MM/DD)	LAST NAME (3 LTRs)	FIRST INITIAL	AGE	GENDER	DX	TX	REMARKS
07/16	LOP	A	11yr	F	313.81	IP	Behavior modif. tx (example)
/							

IA: initial assessment; IP: indiv. psychotherapy; MM: med. management; CBT: cognitive-behav. therapy; GP: group psychotherapy; FT: family therapy; PT: play therapy; SP: supportive therapy; PE: psychoeducation; FOR: forensic; OBS: obervation of senior clinician; CSV: clinical skills verification; CD: case discussion (no face-to-face contact); ER: ER consultation; CL: floor consultation; SCH: school