

Client Name: Test PatientAB DOB: 09/11/1950 Facility: Happy Home N&R Room #: 317

DOCUMENTATION SUPPLEMENT

Date of Documentation: 01/11/2021

☐ Missed Visit Notation: Date of scheduled Visit that was missed: _____

Reason for Missed Visit:

Follow Up Plans:

☒ Documentation Supplement:

Additional Information to be added to client medical record:

Phoned SNF and spoke to DON at 11:30am to check on Mr. PatientAB between visits given recent suicidal ideation. DON confirmed there are no new concerns and patient's reported subjective level of distress has been under 5 (out of 10) with each rating taken by staff hourly in the past 36 hours. Will follow up as planned during next therapy session.

I hereby certify the above information is true and correct:

Susie Sunshine, Ph.D.

Ph.D.

FL12345



01/11/2021

Clinician Name

Credentials

License #:

Signature

Date