CLIENT RECORD OF ATTENDANCE

Some insurance companies require a record of your attendance in therapy. Please enter the date and time of each therapy appointment and sign to indicate you were present for this session.

| lame of Client: |
|--------------------|
| nsurance Company: |
| lame of Therapist: |

| Date | Time | Length of Therapy (minutes) | Signature of Client | Initials of Therapist |
|------|------|-----------------------------------|---------------------|--------------------------|
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