

CENTRAL STATE HOSPITAL SOCIAL SERVICES DOCUMENTATION NOTE	Client Identification Name: AVATAR #: Date of Birth: Building/Unit:
Date of Service:	<input type="checkbox"/> Treatment Note <input type="checkbox"/> Progress Note <input type="checkbox"/> Initial Note <input type="checkbox"/> Case Management/Collateral Note <input type="checkbox"/> Transition/Discharge Planning Note <input type="checkbox"/> Final Discharge Note/Transfer Note
NARRATIVE	
SSP/SST Print Name, Title, Signature, Date & Time	