## The Delaware Psychiatry Residency Program

## **Resident Patient Log**

Resident Name:		
Rotation:		Other
Rotation Dates:	ТО	

Patient Initials	Age	Sex	Ethnicity	Diagnosis (Axis I or Axis II)	Length of Treatment (Dates YOU observed or treated patient)	Treatment Modalities (Medication Management or Type of Therapy Offered)	Patient discussed with supervisor? (If yes, provide supervisor's name)
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor

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					ТО		Yes No Supervisor
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					ТО		Yes No Supervisor
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					ТО		Yes No Supervisor
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor
					ТО		Yes No Supervisor

Total number of <b>unduplicated</b> patients you treated:	
Total number of <b>observed</b> patients:	
Total number of patients seen on rotation:	

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