

Resident Patient Log

Resident Name:		
Rotation:	<input type="text"/>	Other
Rotation Dates:	TO	

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)
					TO		Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Supervisor</u>
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Total number of unduplicated patients you treated:	
Total number of <u>observed</u> patients:	
<u>Total</u> number of patients seen on rotation:	