



Maple Counseling Center
Transformational Psychotherapy

Chart Checklist – Client Name: _____

Provider:	Optional Notes	Date	Inspector	Date
<input type="checkbox"/> 1-Demographic/Intake:				
<input type="checkbox"/> Consent for Treatment				
<input type="checkbox"/> Medical Information				
<input type="checkbox"/> Release of Information				
<input type="checkbox"/> Privacy Practices/HIPPA				
<input type="checkbox"/> Office Policy				
<input type="checkbox"/> Brief Mood				
<input type="checkbox"/> Treatment plan				
<input type="checkbox"/> 2-Clinical Assessment				
<input type="checkbox"/> 3-Biographical Information				
<input type="checkbox"/> 4-PHQ9 Depression				
<input type="checkbox"/> 5-ADHD Assessment Adult/parent if minor – date sent: _____				
<input type="checkbox"/> 6-ACE Adverse Childhood Experience				
<input type="checkbox"/> Insurance eligibility check dates: _____				

Notes: _____

Provider Signature: _____ Date: _____

Inspector Signature: _____ Date: _____