



Therapy LOG

THERAPIST:

Practice: _____
 Phone: _____ Email: _____
 Address: _____

SESSION#	DATE & TIME:	Helpful tips & exercises:
Discussed topics: • •		
<i>Notes</i>		
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<i>Notes</i>		
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<i>Notes</i>		

Appointment TRACKER

DOCTOR:	DATE/TIME:
Location: _____	Contact: _____
Reason: _____	
Result: _____	
<input type="checkbox"/> Completed <input type="checkbox"/> Canceled <input type="checkbox"/> Rescheduled	
NOTES: _____	
DOCTOR:	DATE/TIME:
Location: _____	Contact: _____
Reason: _____	
Result: _____	
<input type="checkbox"/> Completed <input type="checkbox"/> Canceled <input type="checkbox"/> Rescheduled	
NOTES: _____	
DOCTOR:	DATE/TIME:
Location: _____	Contact: _____
Reason: _____	
Result: _____	
<input type="checkbox"/> Completed <input type="checkbox"/> Canceled <input type="checkbox"/> Rescheduled	
NOTES: _____	

Questions FOR THE DOCTOR

QUESTION: _____

Answer: _____

QUESTION: _____

Answer: _____

QUESTION: _____

Answer: _____

QUESTION: _____

Answer: _____