

St. Clair County Community Mental Health
Health Care Chronological

Individual: _____ Case #: _____

Home: _____

Allergies: _____

Health Conditions: _____

DATE/TIME	INDIVIDUAL CONSULTED Personal/Telephone	PROGRESS NOTES Sign Full Name and Title after Each Entry

Health-Medical Form: #04-0055
Reviewed Date: 7/1/2024
Admin Procedure Ref: #04-002-0010, #04-003-0035, #04-003-0060, #04-003-0075
EHR: Health Services, Health Information Documents, Health History Note: HCC (Date Range)