

# Clinical review update note

**Patient(s)**

<b>Name and Date of Birth</b>	
<b>Date you received an email with the clinical care review decision</b>	
<b>Date the treatment plan was last updated</b>	
<b>List the client's symptoms related to their primary diagnosis</b>	
<b>Describe how these symptoms are impacting the client (functional impairment)</b>	
<b>Describe what the client believes they have accomplished on their treatment plan to date</b>	
<b>How will continued therapy help the client reach their treatment goal?</b>	
<b>What is the clinical rationale for why you believe this client needs ongoing care? Select all that apply:</b>	
<b>Signed by</b>	