T-Log Form

Individual Name : _____Program Name:_____
Entered By: _____ Entered Date:_____ Time : _____ am/pm
Give Your T-Log Summary*: _____
Write your T-Log *: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Select Notification Level: ☐ High ☐ Medium ☐ Low
Select Type(s): * ☐Health ☐ Notes ☐Follow-up
Time In: _____ am/pm Time Out : _____ am/pm

Detailed Information:
Reporter : _____
Date: _____ Time: _____ am/pm
Attach File: Attached ☐
Photo: Attached ☐ Photo Date: _____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....**am/pm**

Note:- Required fields are marked with an asterisk (*)

© Therap Services, LLC, 2003 – 2016. All Rights Reserved. Last Updated: April 2016