This is a fill and print form

BRITISH COLUMBIA | Ministry of Health
The Best Place on Earth

MENTAL HEALTH AND ADDICTIONS
CPIM (CLIENT/PATIENT INFORMATION MANAGEMENT)

GROUP/FAMILY COUNSELLING RECORD

LOCATION CODE

SERVICE TYPE *(check only one)*
☐ **03 Group Therapy** ☐ **04 Family Therapy** ☐ **11 Education**

SESSION				THERAPIST CODES				
Date: yyyy	mm	dd	No.	1	2	3	4	5
			1					
			2					
			3					
			4					
			5					
			6					
			7					
			8					
			9					
			10					

CLIENT KEY	CLIENT NAME	SESSION No. 1	2	3	4	5	6	7	8	9	10

FORM ENTERED IN CPIM:	DATE (YYYY/MM/DD)	INITIAL

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RESET