**APPENDIX G**

**Cumberland University Counseling Center**
**Treatment Record**

**Name** _____ **SS#** _____

**Codes for Type of Contact:**

| | | | |
|---|---|---|---|
| **I** | Intake | **GRP** | Group Counseling |
| **ExI** | Extended Intake | **CP** | Marital/Couples |
| **Car** | Career | **P** | Phone |
| **C** | Crisis | **Th** | Individual Counseling |
| **C** | Consultation | **OT** | Other (please elaborate) |

**N/S** No Show **Can** Canceled **R** Rescheduled

- Code a type of contact or **N/S, Can, or R** for each scheduled contact.

| Date | Contact | Counselor | Date | Contact | Counselor |
|---|---|---|---|---|---|
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