

Provider and Client Details

Provider and Primary Counselor Details		Client Details	
Provider Name	<input type="text"/>	Client Name	<input type="text"/>
Provider Location	<input type="text"/>	Client Birth Date	<input type="text"/>
Provider Address	<input type="text"/>		
Provider Phone	<input type="text"/>		
Primary Counselor First Name	<input type="text"/>		
Primary Counselor Middle Name	<input type="text"/>		
Primary Counselor Last Name	<input type="text"/>		
Primary Counselor Phone	<input type="text"/>		
Primary Counselor Email	<input type="text"/>	Discharge Summary Date	<input type="text"/>

Summary

Document Status