

# DAP Notes Client Summary

Provider / Clinician's Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

**Data:** Objective and subjective data and observations

**Assessment:** Progress toward goals

**Plan:** Updates to treatment plan

Date of Service: \_\_\_\_\_

D: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Date of Service: \_\_\_\_\_

D: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Date of Service: \_\_\_\_\_

D: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Date of Service: \_\_\_\_\_

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