**ATTACHMENT 5**

 Site Coordinator’s Sample Section Abstraction Form Used to Identify Persons Being Treated for PTSD and their Associated PTSD Clinician and Clinician Supervisor

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Clinician Name | Clinician’s Degree Type (i.e., MS, PhD) | Type of Treatment Clinician provides | Is the Clinician Licensed (yes/no) | Clinician’s Supervisor Name | Patient Name | PatientTherapy Start Date | # of Sessions Patient Expected to Complete | Last Session Number Completed | Patient Home Address | Notes/Comments |
| Eg. | John Smith | PhD | CPT | Yes | Joe Somebody | Jane Smyth | 08/1/2013 | 12 | 3 | 555 Fifth St. #5Washington, DC 20001 | On vacation from 12/22/13 -01/05/2014 |
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**Site Coordinator’s Sample Section Abstraction Form Used to Identify Persons Being Treated for PTSD and their** **Associated PTSD Clinician and Clinician Supervisor**