

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	Patient Therapy 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. #5 Washington, DC 20001	On vacation from 12/22/13 - 01/05/2014
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-xxxx . The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

