

# DAP note

*Data, Assessment, Plan*

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PATIENT	DATE OF SESSION
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PROVIDER	MODALITY (E.G., CBT)
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DIAGNOSIS (ICD-10)	CPT CODE
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**D** — Data

*Combined patient report, clinician observation, validated scale scores, and session content.*

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**A** — Assessment

*Clinical interpretation, diagnosis, progress, risk.*

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**P** — Plan

*Interventions, homework, next steps, coordination.*

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**PROVIDER SIGNATURE**

**DATE SIGNED**

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