**CAPS Case Form for Membership Consideration**

| **Year** | **Patient Initials** | **Age** | **Pronoun** | **Date Analysis Began** | **Date Analysis Terminated**(if terminated) | **Frequency of Sessions** |
| --- | --- | --- | --- | --- | --- | --- |
| 2019 |  |  |  |  |  |  |
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| 2020 |  |  |  |  |  |  |
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| 2021 |  |  |  |  |  |  |
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| 2022 |  |  |  |  |  |  |
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| 2023 |  |  |  |  |  |  |
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Please use the space below for any additional patient information or notes you feel the Board may need to have a comprehensive view of your practice over the last five years.

| **Additional Notes for CAPS Membership Consideration** |
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