



# County of San Bernardino Department of Behavioral Health Field Testing Form

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Please read the attached form and tell us if the form makes sense by answering one of the following statements.

- I understand the attached form:
  
- I do not understand the attached form

Comments:

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Thank You!

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<p><b>Field Testing Form</b> County of San Bernardino Department of Behavioral Health</p>	<p><i>Clinic Use Only</i></p> <p>Field Testing Date:</p> <p>Clinic/Program:</p> <p>Field Tested Document Title:</p>
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