County of San Bernardino
Department of Behavioral Health

MHS902 CLINIC LOG

Clinic Name _____ *R. U. #* _____ *Month/Year* _____ *Page 1 of ____*

Clinic Clerks – Please complete Columns A through E					*Clinic Supervisors or designees – Please complete Columns F through H*		
A: Date	B: Total # Entries	C: # Errors	D: # Corrected	E: Verified by	F: Problems/Comments	G: Date log reviewed	H: Reviewed by