EASTERN LOS ANGELES
REGIONAL CENTER

CLIENT NOTES
[Section 56026 (a)]

Client: _____ **UCI#:** _____ **DOB:** _____

Facility: _____

Notes shall include, but are not limited to the following: community and leisure activities, overnight visits away from the facility, illnesses, hospitalizations, special incidents, and medical and dental visits

Date	Comments	Signature of Person Making Entry