



MENTAL HEALTH & SUBSTANCE USE SERVICES

Confidential Administrative Records

CQRT Minutes

Date of CQRT:					Page: _____ of _____			
Program Name:					Cases Reviewed:			
Name	SUD LOC	InSyst # / PSP	Return from prior CQRT?	Full Review		Brief Review		Initials of Reviewer
1.			<input type="checkbox"/>	A	R	A	R	
2.			<input type="checkbox"/>	A	R	A	R	
3.			<input type="checkbox"/>	A	R	A	R	
4.			<input type="checkbox"/>	A	R	A	R	
5.			<input type="checkbox"/>	A	R	A	R	
6.			<input type="checkbox"/>	A	R	A	R	
7.			<input type="checkbox"/>	A	R	A	R	
8.			<input type="checkbox"/>	A	R	A	R	
9.			<input type="checkbox"/>	A	R	A	R	
10.			<input type="checkbox"/>	A	R	A	R	
11.			<input type="checkbox"/>	A	R	A	R	
12.			<input type="checkbox"/>	A	R	A	R	
13.			<input type="checkbox"/>	A	R	A	R	
14.			<input type="checkbox"/>	A	R	A	R	
15.			<input type="checkbox"/>	A	R	A	R	
16.			<input type="checkbox"/>	A	R	A	R	
17.			<input type="checkbox"/>	A	R	A	R	
18.			<input type="checkbox"/>	A	R	A	R	
19.			<input type="checkbox"/>	A	R	A	R	
20.			<input type="checkbox"/>	A	R	A	R	
21.			<input type="checkbox"/>	A	R	A	R	
22.			<input type="checkbox"/>	A	R	A	R	
23.			<input type="checkbox"/>	A	R	A	R	
24.			<input type="checkbox"/>	A	R	A	R	
25.			<input type="checkbox"/>	A	R	A	R	
26.			<input type="checkbox"/>	A	R	A	R	
27.			<input type="checkbox"/>	A	R	A	R	
28.			<input type="checkbox"/>	A	R	A	R	

A = Approved

R = Return Required

v.11.1.2019



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29.			<input type="checkbox"/>	A	R	A	R	
30.			<input type="checkbox"/>	A	R	A	R	
31.			<input type="checkbox"/>	A	R	A	R	
32.			<input type="checkbox"/>	A	R	A	R	
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35.			<input type="checkbox"/>	A	R	A	R	
36.			<input type="checkbox"/>	A	R	A	R	
37.			<input type="checkbox"/>	A	R	A	R	
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41.			<input type="checkbox"/>	A	R	A	R	
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43.			<input type="checkbox"/>	A	R	A	R	
44.			<input type="checkbox"/>	A	R	A	R	
45.			<input type="checkbox"/>	A	R	A	R	
46.			<input type="checkbox"/>	A	R	A	R	
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53.			<input type="checkbox"/>	A	R	A	R	
54.			<input type="checkbox"/>	A	R	A	R	
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57.			<input type="checkbox"/>	A	R	A	R	
58.			<input type="checkbox"/>	A	R	A	R	
59.			<input type="checkbox"/>	A	R	A	R	
60.			<input type="checkbox"/>	A	R	A	R	