# ***Bilaga 2- Intern registreringslista för åtgärder vid psykisk ohälsa och långvarig smärta (tidigare Rehabiliteringsgarantin)*.**

# Internt underlag, sparas på enheten. Skall ej skickas in till Regionkansliet.

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| **Kod** | **Personnr** | **Namn** | **Kön** | **Ålder** | **Typ behandling** | **Tid** | **Behandlare** | Arbetsplats | Tidig kontakt |
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