



PROGRESS NOTES

Client Name: Medicaid ID#: Date & Start/End Time of session:

Procedure Code: Place of service: Persons present:

(Select all that apply)---

NOTE RELATES TO GOAL 1 2 3 (from treatment plan) **OR** case management other

Session content (include therapeutic approaches used):

Client response to session:

Progress toward goals of treatment plan (in emotional/behavioral terms):

Plan (next steps):

Provider Signature and credentials:

Date note written and signed:

Revised 10-20-11