



**PROGRESS NOTES**

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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 5-1-11