

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