**Progress Note / Service Entry Form**

**Consumer Name**  
_____________________________

**Consumer MRN/ID**  
_____________________________

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>ID</th>
<th>Program</th>
<th>ID</th>
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<tbody>
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<table>
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<tr>
<th>Provider</th>
<th>ID</th>
<th>Number in Group</th>
<th>Group ID</th>
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</table>

**Elapsed Time (Total Minutes):**  

**Travel Time (Total Minutes):**  

**Service (Begin) Date:**  
Begin Time: 12:00 am

**Was this service done with a Co-Staff?**  
Override Required Yes ☐ No ☐

**Service Code (check one)**

- ☐ 371 Crisis Intervention
- ☐ 300 No Show
- ☐ 400 Client Cancel
- ☐ 700 Staff Cancel
- ☐ 540 Non-Bill
- ☐ 580 IMD/JAIL/JUV SVC Lock-out
- ☐ 358 IHBS
- ☐ 564 ICC
- ☐ 565 ICC-CFT
- ☐ 311 Collateral
- ☐ 313 Evaluation
- ☐ 315 Plan Development
- ☐ 317 Rehabilitation Sup
- ☐ 331 Assessment
- ☐ 341 Individual Therapy
- ☐ 351 Group Therapy
- ☐ 355 Group Rehab
- ☐ 357 Group Collateral
- ☐ 541 CM Placement Services
- ☐ 561 CM Linkage
- ☐ 571 CM Plan Development

**Place of Service (check one)**

- ☐ Office
- ☐ Field
- ☐ Phone
- ☐ Home
- ☐ School
- ☐ Satellite
- ☐ Inpatient Psychiatric
- ☐ Inpatient Health
- ☐ Emergency Room
- ☐ Jail
- ☐ Emergency Shelter
- ☐ Primary Care Health Clinic
- ☐ Residential Txt Center (Child)
- ☐ Residential Txt Center (Adult)
- ☐ Hospice
- ☐ Skilled Nursing Facility
- ☐ Mobile Service
- ☐ Job Site
- ☐ Age Specialty Center
- ☐ Faith Based Location
- ☐ Non Traditional Location
- ☐ Other Location

**Is the Client pregnant?**  
Yes ☐ No ☐

**Language service provided in other than English:**  
☐ Spanish
- ☐ Other:
  Name of Interpreter:

**Service Strategies (check up to two, if applicable)**

- ☐ 50-Peer/Family Delivered Services
- ☐ 51-Psychoeducation
- ☐ 52-Family Support
- ☐ 53-Supportive Education
- ☐ 54-In Partnership w/Law Enforcement
- ☐ 55-In Partnership w/Health Care
- ☐ 56-In Partnership w/Social Services
- ☐ 57- In Partnership w/SA Services
- ☐ 58-Integrated Services for MH/Aging
- ☐ 59-Integrated Services for MH/DD
- ☐ 60-Ethnic-Specific Service Strategy
- ☐ 61-Age-Specific Services Strategy
- ☐ 99-Unknown Service Strategy

**DSM5 Code:**

**ICD-10 Code:**

1a. Treatment goal(s) addressed, if appropriate.  *(Chart to: Goals/Strategies on Plan; impairment related to diagnosis; progress and/or barriers to recovery; or unplanned events.)*

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**MHC-017 Rev 06-2019 Progress Note/Service Entry Form**

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1b. Description of Current Situation/Reason for Contact: (Status update, needs, clinical impression)

2. Focus of Activity: (Intervention and Response to intervention, what did you do? What is the consumer's response?)

3. Plan (e.g. Coordinator of Care, Referrals, Follow-up) Speciality what the consumer/family/providers are to do.

Signature/License/Designation
Print Name
Date

Co-Signature/license (if applicable)  Date  Data Entry Clerk Initials