Progress Note / Service Entry Form

Consumer Name
__________________________________________

Consumer MRN/ID
__________________________________________

Facility Name ___________________________ ID ___________ Program ___________________________ ID ___________

Provider ___________________________ ID ___________

Elapsed Time (Total Minutes): ___________________________ Travel Time (Total Minutes): ___________________________

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

Co-Staff #1 ___________________________ ID ___________ Elapsed Time (Total Minutes): ___________________________

Co-Staff #2 ___________________________ ID ___________ Elapsed Time (Total Minutes): ___________________________

Service Code (check one)

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

Place of Service (check one)

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

Is the Client pregnant? Yes ☐ No ☐

Language service provided in other than English: ☐ Spanish ☐ Other:

Interpreter ☐ Name of Interpreter:

Service Strategies (check up to two, if applicable)

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

Chart to: Goals/Strategies on Plan; impairment related to diagnosis; progress and/or barriers to recovery; or unplanned events.

1a. Treatment goal(s) addressed, if appropriate.
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) Specialty what the consumer/family/providers are to do.

Signature/License/Designation  __________________________  Print Name  __________________________  Date  ________________

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