

SUD TREATMENT PROGRESS NOTES (Non-Weekly)

Beneficiary Name

Beneficiary ID

Service Types: INT=Intake/Assess GR=Group CR=Crises CO=Collateral CM=Case Mngt TP=Tx Planning
TR=Transport MED=Medication D=Discharge IND=Crisis OR Counseling O=Other

Index of Challenges / Barriers: 1) Substance Use Disorder 2) Mental Health 3) Physical Health 4) Employment/Education
5) Financial/Housing 6) Legal 7) Psycho-Social /Family 8) Spirituality

Service Date* ____/____/____	Start Time ____: ____ am / pm	End Time ____: ____ am / pm	Service Type (see above)	Tx Plan Index(s) (see above)
Topic of the session				
Provider support & Interventions				
Description of client's specific progress on treatment plan problems, goals, action steps, objectives, and/or referrals				
Client's plan (including new issues or problems that affect treatment plan)				
Printed Name, Title	Signature, Credentials		Date of Completion*	

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Client's plan (including new issues or problems that affect treatment plan)				
Printed Name, Title	Signature, Credentials		Date of Completion*	

*The date of service may be different than the date note is signed. Notes must be legibly printed, signed and dated by the counselor/therapist no later than seven (7) calendar days from the date of the counseling session.

This progress note meets requirements of 22 § CCR and AOD Certification

BHCS v.3.21.2017