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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Progress Note – Information ONLY Note** | | | | | | | | | | | | | | | | | | | | | |
| Client: |  | | | | | | |  | | | | | | | | |  | | | | |
|  | InSyst # | | | | | | | Last Name | | | | | | | | | First Name | | | | |
| Procedure Code and Name: | | | | | |  | | | | | | | | | | Service Date: | | |  | | |
| Location: | |  | | | | | | | | | | | | | | | | | | | |
| Services were provided in: | | | |  | | | | | | | | by  interpreter or  clinician | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | |
| **Staff Information & Time – ENTER ALL TIME IN MINUTES** | | | | | | | | | | | | | | | | | | | | | |
| Agency: | |  | | | | | | | | | RU: | |  | | | | |  | | | Total Time (below): |
| Start Time: | | |  | | | | End Time: | | |  | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Instructions and Pre-Existing Diagnoses** | | | | | | | | | | | | | | | | | | | | | |
| When writing progress notes, respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client’s functioning. If there is little progress, include an explanation of the limited progress. | | | | | | | | | | | | | | | | | | | | | |
| **Progress Note** | | | | | | | | | | | | | | | | | | | | | |
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| LPHA/SUD Counselor Signature | | | | | | | | | Printed Name/Credentials | | | | | | | | | | | Date | |