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| **PROGRESS NOTES**  |
| **Client Name: ID#:** |
| Service Date | Type of Service | Start/ End Time | Tx Plan Index # (s) | **Behavior:** What are the Clt’s observations, thoughts and comments? What are the Counselor’s observations (affect, mood, appearance)? | **Intervention:** What Clt goals & objectives were discussed? Was homework reviewed or assigned? | **Response:** What was the Clt’s response to the session and their progress in reaching treatment goals? | **Plan:** Does the tx plan need to be updated? What are the Counselor’s next steps and when is the next session date? | Date Note Signed |
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**Services Types:**

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| Intake/Individual-I | Group=G | Crises=C | Collateral=CO | Case Mngt=CM | Tx Plan=TP | Transport=TR | Medication=M | Discharge=Dchg | Other=O |
| **Index of Challenges / Barriers: Index #s: 1)** Alcohol and Drug Use **2)** Medical **3)** Psychological/Emotional Health **4)**Employment & Support **5)** Legal **6)** Family & Social Skills **7)** Spirituality  |
| **The date of the counseling session may be different than the date note is signed. Notes must be legibly printed, signed and dated by the counselor/therapist the day of service or no later than 7 calendar days from the date of the counseling session.** |

COMPLETE SIGNATURE REQUIRES LEGIBLY PRINTED NAME, SIGNATURE & DATE.

CCR Section 51341.1 (h) (3) of Title 22: Progress notes shall be legible and completed as follows…