|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDIVIDUAL 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 |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |
|  |  |  |  |  | | | |  |

**Services Types: Counselor or Therapist is required to legibly print their name, sign and date EACH note.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Intake/Individual-I | Group=G | Crises=C | Collateral=CO | Case Mngt=CM | Tx Plan=TP | Transport=TR | Medication=M | Discharge Plan=DP | Other=O |
| **Index #s: 1)** Substance Use Disorder **2)** Mental Health **3)** Physical Health **4)**Employment/Education **5)** Financial/Housing **6)** Legal **7)** Psycho-Social /Family **8)** Spirituality To Be Added=**TBA** Not Applicable=**N/A** | | | | | | | | | |
| **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.** | | | | | | | | | |