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| Client Name | Client 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 Ind. 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 | |

Progress Note Narrative for week of: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_ to \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_

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| 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) | |  | | | | | |
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| Topic: |  | | | | | | |
| Service Date\*  \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ | | Start Time  \_\_\_\_\_ : \_\_\_\_\_ am / pm | End Time  \_\_\_\_\_ : \_\_\_\_\_ am / pm | Service Type: |  | Tx Plan Index(s): |  |

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| Topic: |  | | | | | | |
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| **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 within the following calendar week of the services provided.