### PROGRESS NOTE

<table>
<thead>
<tr>
<th>Name:</th>
<th>Client #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service:</td>
<td>Start Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Service:</th>
<th>Case Management</th>
<th>Assessment</th>
<th>CD Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ind. Counseling</td>
<td>Crisis Intervention</td>
<td></td>
</tr>
</tbody>
</table>

Goals(s)/Objective(s) Addressed from Treatment Plan

Non-medical residential treatment services.

Activity/Topic Discussed:

**Degree of Severity for Continued Stay**

N=None  L=Low  M=Moderate  H=High

- [ ] Acute Intoxication/ Withdrawal
- [ ] Biomedical Conditions/ Complications
- [ ] Emotional/Behavioral/Cognitive Conditions Complications
- [ ] Treatment Acceptance/ Resistance
- [ ] Relapse Potential
- [ ] Recovery Environment (incarcerated)

Individual’s Response to Intervention/Progress Toward Goals and Objectives

- [ ] Attended
- [ ] Participated
- [ ] Did not Participate
- [ ] Does not apply

Reviewed Assignment(s):  

- [ ] Tx Plan
- [ ] Group
- [ ] Individual
- [ ] Thought/Word of the day
- [ ] 12-Step Mtgs.

Staff Signature/Credentials

Reviewed by: 

Date

MODIFIED: APRIL 2014