

**PROGRESS NOTE**

Name:		Client #	
Date of Service:	Start Time:	Stop Time:	Total Time:
Type of Service: <input type="checkbox"/> <b>Case Management</b> <input type="checkbox"/> Assessment <input type="checkbox"/> CD Education <input type="checkbox"/> Ind. Counseling <input type="checkbox"/> Crisis Intervention			
Goals(s)/Objective(s) Addressed from Treatment Plan <b>Non-medical residential treatment services.</b>			
Activity/Topic Discussed: <b>Degree of Severity for Continued Stay</b> 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)			
<b>Individual's Response to Intervention/Progress Toward Goals and Objectives</b> <input type="checkbox"/> Attended <input type="checkbox"/> Participated <input type="checkbox"/> Did not Participate <input type="checkbox"/> Does not apply			
<b>Reviewed Assignment(s):</b> <input type="checkbox"/> Tx Plan <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Thought/Word of the day <input type="checkbox"/> 12-Step Mtgs.			
_____ Staff Signature/Credentials		Date	
Reviewed by: _____		Date	