

Progress Note (A Collaborative Progress Note Example)

In collaborative documentation, the therapy session opens with focusing questions regarding homework or other items related to the treatment goal. The last portion of the treatment session is devoted to collaborative note taking with the member. The session notes are focused on relevant clinical information that relates directly to goal attainment.

Date:			
Client:	Medicaid #:		
Level of Care:	Session Start:	Session End:	
Type of Session:	Place of Service:		

Diagnosis: *(DSM 5)*

Others Attending/Relationship to client: *(all session participants)*

Current Medication/Changes/Dosages:

Medication Adherence: (If non compliant what is the intervention?)

Medication Effectiveness and Side Effects:

Next Scheduled Medication Check:

Risk Assessment:

Risk of harm to self or others:

Substance use risk:

Risk of Violence:

Other:

Clinical Assessment: (Symptoms/Functioning/Scales and Measurements) *(Include baseline measures and current clinical information-symptoms and impairments that support the need for treatment)*

Goal: (Measurable Goal from TX Plan): *(The goal that is the basis for this treatment session and how it will be measured.)*

Treatment Strengths: *(What strengths were developed in therapy, utilized by the client since the last session or that support therapeutic progress?)*

Therapist Intervention: *(What was the approach the therapist used to facilitate change related to the above goal in this session?)*

Response to Intervention: *(What was the member's response to the therapist's intervention in this session?)*

Progress Related to Goal (If no progress what barriers are addressed): *(Include measurement or score here. A description of the member's progress related to the above goal. This section should be a collaborative summary of this session's agreed upon progress in therapy.)*

Plan for Next Appointment: (Home work, Self-monitoring, Next Appt., Etc.) *(List home work and date for next appointment.)*

At Home Supports: (Involvement of family and the community to help me maintain my progress.)
(Describe what has been done to promote treatment gains at home and in the community. This section is a collaborative summary of what has been done to date to support the member at home.)

Discharge/Link to community resources (Narrative): *(Describe the supports and services necessary at home and in the community that are needed to maintain a successful discharge from OP therapy.)*

Coordination Documentation: *(Document any coordination efforts that have taken place since the last session.)*

Therapist_____ Date_____

Supervising Practitioner_____ Date_____