Behavioral Health Therapy and Counseling Progress Note (EXAMPLE)

Client Name _____ Client Number _____ Date _____

Start Time _____ AM PM Duration _____ Location Code: _____ Type of Contact Code: _____
Start Time _____ AM PM Duration _____ Location Code: _____ Type of Contact Code: _____

Location: Code: C = **Community** A = **Agency** CH = **Client's Home** O = **Other (Fill in above)**
Contact Code: FC = **F-t-F w/ Client** FEO = **F-t-F with Essential Other**

☐ **Yes** ☐ **No Service Provided is Authorized by the ISP, which was Developed Based on a Mental Health Assessment**

GOAL: _____

Brief Description of Service Provided:

_____

_____

_____

Assessment of Progress:

☐ No Progress ☐ If Progress, specify: _____

_____

Significant Changes or Events in the Life of the Client, if applicable:

_____

_____

☐ **Recommend Modification to ISP, if applicable (Explain):**

_____

_____

☐ **No Change Noted in Client's Behavior, Actions or Statements as it Relates to Harming Self or Others OR**

☐ **Yes, Change Noted in Risk of Harm to** ☐ **Self** ☐ **Others** (Check one, Complete Below & Explain any "Yes" Answers) **OR**

☐ **Yes, Change Noted in Risk of Harm to** ☐ **Self** ☐ **Others** (Check one, See "Duty to Protect" Form)

Does client indicate thoughts to harm self or others? ☐ No ☐ Yes, specify: _____

Does client state intention to harm self or others? ☐ No ☐ Yes, specify: _____

Does client state plan to harm self or others? ☐ No ☐ Yes, specify: _____

Does client have access to planned method? ☐ No ☐ Yes, specify: _____

Past harm to self or others? ☐ No ☐ Yes, specify: _____

What is the action plan? _____

_____

Plan agreed to by client? ☐ Yes ☐ No, specify: _____

_____

_____ _____
STAFF SIGNATURE (Name and Credentials) or Initials (Signature/Credential Sheet must be Present in ICR) DATE

EXAMPLE